WRITE

PLEASE

he correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

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	()	8	7	7	4
Reg.	Dis	t.	No.		41

1. PLACE OF WATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town
How long In above place of death?	City or town local write RURAL and give nearest town)
Hospital, Institution, or strong ddress where leath occurred:	Street No.
# 132 Navione	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lesse Colemon 1	3. (b) Social Security Number
4. Sex 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male while Mitomet.	2D. DATE OF DEATH. 08 15 1947.21 29.
6.(b) Name of husband or wife And D. Harry	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	
7. Birth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
83 3 5min.	Coronary reducing AL
Dol - Pa	
9. Birlhplace(Town, copaty, and state)	Due fo
mash	
10. Usual occupation.	Due to
fi. Industry or business	
E 12. Name. J. Taylor Boyd	Other conditions
13. Birthplace Balto. Co., Md. (near Pa. Border)	(Include pregnancy within 3 months of death)
E 14 Maiden name Louisa Key	
14. Maiden name. Louisa Key 15. Birthplace Narlington, Kg. (Son-in)	Major findings of operations.
15. Birthplace North North Sach (son-in	Date of op.
16. Informani	PMYSICIAN: Please underline the cause to which death should be charged statistically.
Address 7304 Dean brood Crt. Ne	
burial Date thereof October 18, 194	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MOUNT LEBANON CEMETERY	Where did injury occur? (City or town) (County) (State)
Localion LEBANON, PENNSYLVANIA	Injured at home, farm, Industry, public place (where?)
18. Funeral director STEWART & MOWEN COMPANY	Maana of Injury Injured at work?
Address 108 W. North Ave., Balto., Md.	(Marmo h)
Q+ 12 PM 12	23. SIGNATURE
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address
(Date for a by registrar)	

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() 8764 Reg. Diat. No. 4

County		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
		State Md County Baltimope Dundalk City or town (if outside city or town limits, write RURAL and give nearest town) Street No. 22 Liberty Parkway (if rural, give LOCATION)			
How long in hospital or ins	titution?			2.(a) If veteran, name war	
3. (a) FULL NAME	Virgin	ia D Ak	ers		3. (b) Social Security Number
	Color or race	14 11 11 11 11	e, married, widowed, or divorced dowed	2D, DATE/OF DEATH.	CERTIFICATION W 2 1947 at 829
		6.(c) If alive, give ageyea	rs and that I last saw h. L.M. alive on	e above stated: that lattended depeased from
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	OURATIO
64	. 9	12	hrsml	eller Hen	inshope - I du
9. Birthplace		at h	ome	Due to C	V-Disein -
12. Name	nes A Er		······	Other conditions	
86	Susan S		'a	(Include pregnancy within Major findings of aperations.	
				PHYSICIAN: Please underline the cause t	to which death should he charged statistically.
Address 22 Lil	v.E.]. removal. Which	Oate ther	eofOct4	W = 4141 1 1-2 / X /	Date of
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
18. Funeral director		Funera	Jersey 1 Home	Means of Injury	Injured at work? avo mo,
19. (Date rec'd by regist	4719	mu	Registr.	23. SIGNATURE.	Date signed /3/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore 13/6-

CERTIFICATE OF DEATH

57 Rog. Diat. No......

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
County Deltipae	(VIA / / / / / / / / / / / / / / / / / / /
(If outside city or town limits, write RURAL and give nearest town)	State Mary and county to allama
	City or town
How long in above place of death?	
The state of the s	Street No. ((f. pural, give LOCATION)
Now long in hospital or institution?	2.(a) If vstsran, name war.
3. (a) FULL NAME Many Rebecca a	18 Social Security Number
4. Sex 5. Color or racs 6.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION
F. W. maned	20. HATE OF DEATH
Illan H allan	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
B.(b) Nams of husband or the Communication of the C	Oct 15 1946, 10 10/23 1947
7. Sirth date of S. C. If alive, give age S. C. years	and that I last saw h LA alivs on 10/22/ 18.47
deceased (mo., day, yr.) Feb. 17. 1863	
8. AGE: Years Months Days It isss than one day	3-11-11-11
84 8 11hrsmin.	Little Cits alles 641
Norrisville, Harford Co., Md.	01
9. Birthplace	Due to
10. Usual occupation Homemaker	Due to Secality
	Due to
11. Industry or business	
12. Name Woodrout 13. Birthplace Cail Ca md.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidsn name Sydice Straubudge 15. Birthplace Harbyd Co.	Major findings of aperations
15. Sirthplace Harland Co.	major radings of aperauant
11. Strippace	
16. tnformant	Antapsy results
Address Coelceronlle Md.	22. VfOLENCE: If death was due to external causes, till in the tollowing:
17 Buil Bats thereot Oct 26,1967	
(Burial, eremation, or removal. Which?) Data thereot	Accident, suicide, or homicide
Cemetery or cramatory	Where did injury occur?
Location Sparle md.	Injured at home, farm, industry, public place (where?)
601 2 2 - 141	Meens of Injury Injured at work?
18. Funeral director	01.1 07
Address Society md.	Workers (a Course
10-24 47 Wil mer C. Ensor	23. SIGNATURE M. D. or othor
19. 19. Registrar	Address Cockeyonlle M. M. Bate signed 1.0193/4-2

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



narlea St., Baltimore

ATE OF DEATH

stale Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

08766

Reg. Dist. No....

-	-	0	0	

		2411 N. Charl
4		CERTIFICAT
1. PLACE OF DEATH:	altimore	
Cily or town	or town limits, write	land RURAL and give nearest town)
How long in above place of death? Hospilal, institution, or street address	ess where dealh occurre	38.7.5d:
How long in hospital or institution?	*************************	
3. (a) FULL NAME	A K. ALBR	IGHT
		ie, married, widowed, or divorced
female wh	ite w	idowed
7 Dirih data af	6.	(c) If alive, give ageyears
O. AUL.		if less than one dayhrsmln.
1D. Usual occupation	10 (Town, county, and housewife	state)
		tter
	ise Weing	ertner
16. Intermant		
T	Date the lal. Which?)	reof
Location	Baltimor	e, Md.
MAG		
	County	County

	(If outside city or town limita, w	rite RURAL and give near	reat town)
	Street No. 103 Walnut A		
	2.(a) If veteran, name war		
		3. (b) Social Security 1	lumber
ed	MEDICAL CER	TIFICATION	
	2D. DATE DF DEATH Oct. 5th	19.47	at11:55n
t	21. I CERTIFY that death occurred on the date above	7 1	
years	and that I last saw h. P. V. alive on	X 3, 4	19.4.7
	Immediate cause of death	failure	DURATION
mln.	9) 1:1	/	
	Due to Mullines are	th perteus	ion
	Due to.	<i>J</i> .	
	BU		***************************************
	Dther conditions		
*****	(Include pregnancy within 3 mor		
	Autopsy results	death should be charged	statistically.
	22. VIOLENCE: If death was due to external causes		
year)	Accident, suicide, or homicide		
	Where did injury occur?(City or town)		(State)
	Injured at home, farm, Industry, public place (when	e?)	
ne.	means of injury	B	11)
1.	23. SIGNATURE LAONIAS	Daunan.	or other
Registrar	Address 5a 17 Hurford	Compate signed !	0-747

County



1,

BALTIMORE CITY	HEALTH	DEPARTMENT	
CEDTIEICA	TE OF	DEATH a	1

LERIFICA

Registered No.

OF DEATH 732	301
2. USUAL RESIDENCE OF DECEASED:	
(a) State ML (b) County 18	767
(c) City or town Baldo (If outside city or town limits, write RUR	AI, and give town
(d) Street No 550/ Edmondson	aux
(e) Citizen of foreign country? (If rural give location If yes, name country. Lawrence Country)) (Yes or No)
THINK TO SHULP A	WHAT IS
MEDICAL CERTIFICATION	
20. DATE OF DEATH Oct 1st 194	7, at 10 a, M
21. I certify that death occurred on the date above sta	ted; that I attend
ed deceased from Eleg 1 19 4/ to Os	1 194/
and that I last saw hey alive offer	
Immediate chose of josth.	
Due to Renerale glo Oste	240
Due to.	

Other Conditions	
(Include pregnancy within 3 months of death)	PHYSICIAN
Date of operation	Underline the
Major findings of operation:	cause to which
A	death should be
of autopsy:	tically,
22. If death was due to external causes, fill in the f	ollowing:
(a) Accident, suicide, or homicide	•••••••
(b) Date of occurrence	atM
(c) Where did injury occur? (City or town) (Cou	
(d) Did injury occur about home, on farm, industria	l place, in public
place? While at wo	rk?
(Specify type of place)	1
(e) Means of injury	usel.
23. Signature	

1. PLACE OF DEATH:	
(a) Baltimore City, Maryland	Land -
(b) Street address 550/ Edwardson av	₹
(c) Hospitator institution:	1 - 2
Hood Hursing Home	
(d) I are the of stars in homital and interference and down	

(a) Length of stay in hospital or inst. (yrs., (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME 3 (c) Social Security Account 3 (b) If veteran, name war No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced 6 (b) Name of husband dwife. 6 (c) If alive, give age

Days

If less than one day

hr.

(month)

(day) (year)

Registrar

(Town, county, and state)

7. Birth date of deceased (mo., day, yr

(Burial, eromation, or removal)

Months

Years

10. Usual Occupation 11. Industry or business

14. Maiden Name 15. Birthplace 16 (a) Informan (b) Address

18 (a) Funeral director

VS 150

(Date rec'd by registrar)

12. Name. 13. Birthplace

Every item of info write the causes of UNFADING INK. Physicians: please

information should be carefull of death clearly and legibly.

8. AGE:

MOTHER | FATHER

17 (a)

9. Birthplace

PLEASE WRITE PLAINLY, WITH correct age is especially important. 9-45-15 A15

SA

9-45-15M

VS A15

Pikerwick Mrs. CERTIFICAT	E OF DEATH 1250 Registered No	moc.
(c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State (b) County (c) City or town (If outside city or town limits, write RURAL) (d) Street No. (If rural give location) (e) Citizen of foreign country? If yes, name country.	(Yes or N
3 (a) FULL NAME DONNA & BARNES	THE ADDITION OF A ST	
3 (b) If veteran, name war 3 (c) Social Security Account No.	MEDICAL CERTIFICATION 20. DATE OF DEATH 627. 2, 1947.	at
4. Sex 5. Color or race divorced. Single, married, widowed, or divorced. S 6 (b) Name of husband or wife	21. I certify that death occurred on the date above stated ed deceased from 20 1947, to 0 and that I last saw here alive on 19	2 19.4
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hr	Due to Catie Design of	Duration
9. Birthplace	Due to	***************************************
12. Name Clarence L. Barnes 13. Birthplace Maryland 14. Maiden Name 2 the Richards		PHYSICIA Underline cause to wh
15. Birthplace grany land.		death should charged sta- ticaliy,
16 (a) Informant Clurence & Barrels (b) Address Prescrible Md 17 (a) Burial (b) Date thereof Oct 4/47 (Burial, cremation, or removal) (month) (dgs) (ygar)	22. If death was due to external causes, fill in the followard (a) Accident, suicide, or homicide	
(c) Cemetery or crematory welley Location Will Co Mid 18 (a) Funeral director Edward Officery	(City or town) (County (d) Did injury occur about home, on farm, industrial place? (Specify type of place) (Specify type of place)	ace, in pub
(b) Address Hampstehd ma	23. Signature Floring C (Source) Address (O) / 9 Colvert ST Data signs	M. D.,

1. PLACE OF DEATH:

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Acon District	5
2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
state Maryland		
City or town Baltimore (If outside city or town lin	mits, write RURAL and give ne	earest town)
Street No. 5812 Ethelbert	Avenue	
(If rural, g	rive LOCATION)	
2.(a) II veteran, name war. WW-I		
	3. (b) Social Security	Number
	J. (0) Social Security	Mamper
MEDICAL	CERTIFICATION	
20. DATE OF DEATH October 20	19.47	at 5:10 a
21. I CERTIFY that death occurred on the date		
October 16,		
and that I last saw h imalive onOc	_	
Immediate cause of death Myocarditis, chroni		DURATION
Myocarditis, chroni	Le	Unknown
Due to Coronary Arterio	osclerosis	Unknown

Due to		1
***************************************		***
Other conditions	•••••	
(Include pregnancy within		
Major findiogs of operations		
Autopsy resolts		
PHYSiCIAN: Please underline the cause to	which death should be charge	d statistically.
22. VIOLENCE: II death was due to external		
		•
Accident, suicide, or homicide		
Where did injury occur?(City or tow	(County)	(State)

Injured at home, farm, Industry, public place (where?)

PADGET, M.A. ACT. CLIN. or DER. V.A.H. FORT HOWARD, MD. Date signed 10-20-47.

23. SIGNATURE PAUL

information carefully. The correct age of death clearly and legibly. How long in above place of death? 4 Days Hospital, Institution, or street address where death occurred: Vets. Adm. Hosp., Fort Howard, Maryland How long in hospitat or institution? 4 Days 3. (a) FULL NAME WILLIAM E. BECK 6.(a) Single, married, widowed, or divorced 5. Color or race 4. Sex item of i Married Male White 5.(b) Name of hyspand br/wile Lula Beck 7. Birth date of 4-15-97 deceased (mo., day, yr.) Months Days Il less than one day 8. AGE: 6 5 50 Rossville, Md.
(Town, county, and state) 10. Usual occupation Machinist 11. Industry or business 12. Name....Edwin Bec 12. Name ... Edwin Beck 14. Maiden name Catherine Ducu.
15. Birthplace Catonsville, Md. 14. Maiden name Catherine Buehl Clinical Records, Vets. Adm. Hosp. Fort Howard, Maryland WRITE PLEASE

DURATION

BINDING

PLEASE

2411 N. Charl	lea St., Baltimore
CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred. How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State County City or town. (If outside thy or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war. 3. (b) Social Security Number
4. Sex 5. Gofor or race 6.(a) Single, married, widowed, or divorced France	MEDICAL CERTIFICATION 20. DATE OF DEATH October 14, 19, 47, 21, 5
6,(b) Name of husband or with Across Berelowth 6,(c) It allve, give age 7, 4, years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. How with the state of the st	and that I last saw h alive on
12. Mame	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Somuel Beleforth Address 164 Financet Slave Belt Just 17. BUR19 Date thereof (month) (day) (year) Cemetery or prematory Milell Reference Location Washington Boulaward 18. Funeral director 944 Emis	Antopay results. PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Address 2100 Eurqu PLace	23. SIGNATURE Cesil Pudne M. D. or other

PLAINLY, V

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

44

			CERTIFICA	Reg. Diat. No		
1. PLACE OF DEA	TH: l timor e			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	City or fown. (If outside city or town limits, write RURAL and give nearest town)			State Manyland County		
City or fown(If or				Pol+4mone		
How long in above place	of death? 72	Days		City or town	earest town)	
Nacaital Institution or	street address where	death occurre	d:	Street No. 1811 Bank Street		
Vets. Adm.	Hosp., F	. Howa	rd, Maryland	(If pural, give LOCATION)		
Now long in hospital or	Institution? 7/	Days		2.(a) If veteran, name war		
3. (a) FULL NAME	1				M. I.	
3. (a) FULL NAME		NK BIA	LOBRZEWSKI, JR.	3. (b) Social Security 082-14-798		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	White		ingle	0.1.330	1.55D	
Male	WALLOG		711810	20. DATE OF DEATH. October 12, 19.47		
.1111	Lu Sing	10		21. I CERTIFY that death occurred on the date above stated; that I attended de	ceased from	
6.(0) Name of Augorana	or wife DILLIE.	L@		July 30, 19 47 10 Oct. 13	2, 47	
		6.0	c) If alive, give ageyear	and that I last saw h imalive on Oct. 12,	147	
deceased (mo., day, y	October	r /. 70	914.	Immediate cause of death		
8. AGE: Years		Days	If less than one day	Pulmonary Tuberculosis, bilateral		
33	0	8				
				with cavitation right upper lobe plu		
9. Birthplace Ba	ltimore,	Maryla	nd	Due to	***************************************	
10. Usual occupation	Unemploye	d		Due to		
11. Industry or business				BUC 10		
		reamel				
		1 Denon		Dther conditions	****	
13. Birthplace	Unknown			(Include pregnancy within 3 months of death)		
Maides some	Anna Eol	11379				
TC	Poland		***************************************	Major fiadiags of operations.		
El 15. Birthplace	rotand			Date of op		
16 Interment CI	linical Re	cords.	Vets. Adm. Hosp.	Astopsy results Substantiated above.		
Tr.	ort Howard			PHYSICIAN: Please underline the cause to which death should be charge	ed statistically.	
Address	or o Honaro	9 2000	6 4 -1.4-	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Duri	al	. Date the	(month) (day) (year)	Accident, suicide, or homicide		
(Burial, cremation	or removal. Which	?)/				
Cemetery of cremato	ry Holy	1000	Ly.	Where did Injury occur?	(State)	
1000				Injured at home, farm, Industry, public place (where?)		
Location	(1)	17 19) 4			
18. Funeral director.L	Tred 4	110	Za Zewski	Msans of Injury University at work?		
	30 Est	-	11 Oans	Ka Datt		
Address 93	o Lad	en	1	23. SIGNATURE Caul Paget		
CAT	14	7 /	PU. Yards	PAUL PADGET, M. C. ROI. CLMIV	, originate.	
19(Date rec'd by re	gistrar)	.6.	Registra	Address V. A. H. FT. HOWARD, MD. Date signe	10-13-47	

WRITE

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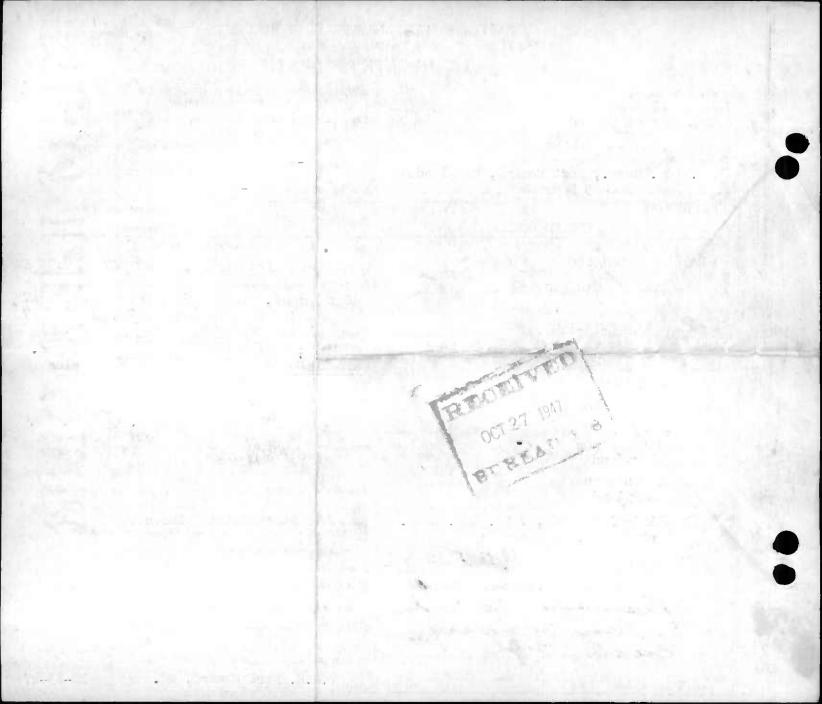
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MARYLAND STATE DEPARTMENT OF HEALTH)

2411 N. Charles St., Baltimore

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eg. Di	at. N	ю		2,	52	•

City or town	ort Howard outside city or town lin of death? 5 De street address where d	its, write RURAL and give nearest town) YS eath occurred: t. Howard, Maryland	(If outside city or town limits, write RURAL and give nearest to				
3. (a) FUEL NAM		RD BONDS	Selve alva	3. (b) Social Security Unknown	Number		
4. Sex Male	5. Color or race Colored	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL CE	ERTIFICATION	9:35 A		
7. Birth date of deceased (mo., day,) 8. AGE: Years 9. BirthplaceMa tD. Usual occupation 11. Industry or busines	7 2 ryland Unemployed mes Bonds	Days If less than one day hrs. min.	21. I CERTIFY that death occurred on the date abo October 18, 19.4 and that I last saw him alive on Immediate cause of death CARCINOM STOMACH: METASTATIC 1 AND LUNGS Due to Due to	27 6 October October 23, OF THE TO THE LIVER	23, 19 47 19 47 DURATION 2 mos.		
14. Maiden name.	Unknown aryland	rds, Vets. Adm. Hosp.	(Include pregnancy within 3 n	Date ot op			
Address For	t Howard, I	Date thereof. (month) (day) (year) Co, Tuel Tythery Tuel	PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	ses, till in the following: Date of (County) tere?) Injured at work?	(State)		



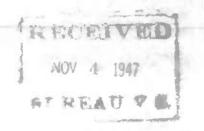
BINDING

RESERVED

MARGIN

08773

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH:_ (For newborn infants give residence of mother) information carefully. The of death clearly and legible Hospital, institution, or street address where death occurred: (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number ANNIE BOWERS MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that | attended deceased trops deceased (mo., day, yr.) AUGUS Supply ease wr 8. AGE: (Include pregnancy within 3 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. To. Ave., Towson, Md 22. VIOLENCE: If death was due to external causes, till in the following: PL Accident, suicide, or homicide..... Whers did injury occur?(City or town) WRITE (State) injured at home, tarm, industry, public place (where?) Masns of Injury injured at work? Address



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND	STATE	DEPARTMENT	OF	HEALT	Ή
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08775

00				20
-	Reg.	Dist.	No.	

9210

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County WALTINGKIE City or town CATONSVILLE	Siate Maryland County		
(If outside city or town panits, write KURAL and give hearest town)	00011,		
How long In above place of death?	Cily or town Baltimore (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or sirent address where death occurred.	Street No. 1816 N. Broadway		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
EDWARD JULIUS BRAUER	none		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W S'ingle	20. DATE OF DEATH ACTOREY 23 19.47 at 5:15P. M		
O (IX No. of bushand or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(b) Name of husband or wife	actoles 1947 10 & colores 73 194)		
7. Birth date of	and that I last saw h. M. alive on October 23 19 47		
deceased (mo., day, yr.) April 18, 1914	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Ω - / -		
33 6 5min.	Caralectorque 3 hrs.		
9. Birthplace Baltimore, Md.	Due to Cartie Proufficiency?		
9. Birthplace (Town, county, and state)	A		
10. Usual occupation Clerk	Due to Cherchia otic generis??) ?		
11. Industry or business			
David Edward Brauer 12. Name	Dther conditions		
14. Malden name Margaret F. Gerlach 15. Birthplace Baltimore, Maryland	(Include pregnancy within 3 months of death)		
Baltimore, Maryland	Major findings of operations.		
	Date of op		
16. Informant Mr. David E. Brauer	Autopsy results		
Address 1816 N. Broadway			
17. Burial Date thereof 10/27/47 (month) (day) (year)	22, VIOLENCE: If death was due to external causes, fill in the following;		
	Accident, suicide, or homicide		
Cemetery or crematory Loudon Park Cemetery	Where did injury occur?		
Baltimore, Maryland	tnjured at home, farm, Industry, public place (where?)		
18. Funeral director HENRY SANDER & SONS, INC.	Means of Injury Injured at work?		
MORTH AVE & DROADWAY	Y. M. ill. Burn Tiga X		
Address NOTITI AVE. & BROADWAT	23. SIGNATURE OF PURCHASION - RE.		
19 JEV. 25 19 4) HW Gamel	2224 Predicial Man M. D. or other		
(Date rec'd by registrar) Registrar	Address 23 d 2 Meane Date eigned 12/2/47		

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08776

Reg.	Diat.	No.	87 17

1. PLACE OF DEATH: County	Street No. DICHMENT ROAD (If rural, give LOCATION) 2.(a) If veteran, name war.		
ORLANDO BRA,	Y SHAW		
Male White Widowed or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH OFFE 26 19 47 av/140 P.		
6.(b) Name of husband or wife Mary Elley Crumlich 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
1. Birth date of deceased (mo., day, yr.) August 14, 1862	and that I last saw h		
8. AGE: Years Months Days I less than one day 2 /2hrsmin.	Carelaftemorrhage		
8. Birthplace Sheffield, England Town, county, and states	Due to Hyperteuses		
10. Usual necupation. Ket Iked 11. Industry or business Subt. Steel Mill	Bue to.		
12. Name Vin KHOKIN	Differ conditions Cerebal Orbrisches		
	(Include pregnancy within 3 months of death)		
14. Maiden name	Major findings of operations		
16. Informant Mrs. Russell Roof	Autopsy results		
Address Phoenis P. D., Balto. Co., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
(Burial, cremation, or removal, Which?) Date thereof. DCT. 22, 194. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Cemetery or crematory 115 C.N.M. Q. J. U. J. F. A. J. F. P. M. Q.	Where did injury occur?		
Location MANORY 941 Ft, PRUMa.	Injured of home, farm, Industry, public place (where?)		
18. Funeral director John Burne Source	Means of Injury Injured at work?		
Address V. Towson, Med.	23. SIGNATURE T. W. de CE ESSO, W.		
19. Oct. 27, 47 Wilmer C. Ensor (Date ree'd by registrar) Registrar	Address Cackay Smill - Med Date signed 10/27/42		

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Baltimore Co.	(For newborn infants give residence of mother)		
City or town	State Wisconsin County		
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city of town limits, write RURAL and give nearest town)		
How long in above place of death? 15 mos - 10 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. Hotel Randolf.		
Masonic Homes	(If rural, give (OCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
	itenback		
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH October 21 19 47 , 21 12 P.M		
Theodore a Breitenback	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(6) Name of husband or wife Meodore Wirellewack	July 11 1946 10 Oct 21 1947		
	and that I last sawh ex alive on October 21 18.47.		
7. Birth date of deceased (mo., day, yr.) October 27 - 1947			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
72 11 24min.	Coronary occlusion, posterior 1129		
0 . 0	Que to Orlin Silvain grass.		
9. Birthplace (Leading a (Town, county, and state)	Oue to. State Stat		
10. Usual occupation			
10. Usual occupation	Oue to		
11, Industry or business			
12. Name Wm a Boyer	Other conditions		
12. Name Wa a looyer 13. Birthplace South of Reading, Pa.			
	(Include pregnancy within 3 months of death)		
14. Maiden name anna & adams 15. Birthplace Reading, Pa.	Major findings of operations		
15. Birthplace Reading, Co.	major madules of operations.		
16. Informany aura M. Sehroeder per C.P. Tepton	Antopsy results		
Address Masonic Homes Cockenprille Md			
Co. Ghed	22. YIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Oate thereof Oct 23 1947 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory & right - Wissimsin Memorial Pk	Where did injury occur?		
Location Northwest of Milwaukee, Warkesha to	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. Wm Cook	Means of Injury tnjured at work?		
Address St Paul + Prestow Str	23 SIGNATURE Walter J Kees M.D.		
10 1	23, SIGNATURE Natur of new M.D. or other		
19 Oct 21 19 47			
(Date rcc'd by registrar) Registrar	Address Cockepville Md Date signed 10/21/47		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:			
County Ball		~~~	***************************************	State. Mary Land County Baltimore				
City or town	outside city or town lir	nits, write	RURAL and give nearest town)) ** *** *** *** *** *** *** *** *** **		
				City or town Italiana In The City or town	write RURAL and give near	est town)		
Hospital, Institution, or	street address where d	leath occurre	od:	Street No. Church & Old (
Chur	en & Old	Cour	t Rd.	(If rural, give LOCATION)				
How long in hospital o	r Institution?	***************************************		2.(a) It veteran, name war		***************************************		
3. (a) FULL NAM	E				3. (b) Social Security 1	lumber		
	Eugene	Thon	nas Broadus					
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	Р.		
Male	Colore	d 1	Married	20. DATE OF DEATH October	14 1047			
8.(b) Name of husband	or wifeLu	су	***************************************	21. I CERTIFY that death occurred on the date above				
			(c) If alive, give agevears	10-14-147				
7. Birth date of			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	aed that I last saw him alive on not seen alive to				
deceased (mo., day,		Days		Immediate cause af death		DURATION		
8. AGE: Years 83	Montos	Days	If less than one dayhrsmin.	Hemorrhage-Esophage	eal Varices	5 hrs.		
Ca.	roline Co	. V	a.	Bue to Hypertensive C.	V. Disease	7 rs.		
v. birtipiace	(Town, c	ounty, and	state)	Out the angle of the second se		***************************************		
10. Usual occupation	Mini	ster	***************************************	Rue to		100 000 000 000 000 000 000 000 000 000		
1t. Industry or busines	s			WW 14		******************		
뿔 12. Name	Thomas Br	oadu	S	Other conditions Arterioscle	rosis	10 yrs.		
13. Birthplace	V	a		Epilepsy (Include pregnancy within 3 mo		19 yrs.		
Maldan com								
	va.	······································		Major findings of aperations				
15. Birthplace	Va.			NONE	Date of op			
19. InformantDr.	Joseph	Mason	Q	Autopsy results				
Address) Rai	ndall stow	n, Mo	d.	PHYSICIAN: Please underline the cause to which	ch death should be charged s	tatistically.		
- 12/115	in		Mat 18 1011	22. VIOLENCE: If death was due to external cause	es, fill in the following;			
(Burial, cremation	, or removal, Which?)	Date the	(month) (day) (year)	Accident, suicide, or homicide				
Comotory or cremate	7//11	llac	on Cometery	Where did injury occor?	(County)	(State)		
Location U	ashena	-	av. C. /	Injured at home, farm, Industry, public place (whe				
19. Funeral director		1	Madeunto + Son	Means of lejury	Injured at work?			
1/	/ /	PL	D. M. Wash Sil	2	0			
Address 46	1 10	SIN	The work of	13. SIGNATURE D. D. Co	ples me	d. Exam		
Data rec'd by re	olstrar)	14	GERRALL GALFOI	· · · · · · · · · · · · · · · · · · ·				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 27/

1. PLACE					2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:		
		ore			20- 2- 1			
City or town	Fort	Howard	imita meita k	RURAL and give nearest town)	State Maryland County			
				contain and give nearest town)	City or town 422 E. Street.	Sparrows Pt.	,Md.	
How long in ab	ove place of l	eet address where	death occurred	d:				
	Vets.Adm.Hosp., Fort Howard, Maryland				Street No. See above (If rural, give LOCATION)			
					2.(a) If veteran, name war			
How long in hospital or institution?				•••••••••••••••••••••••••••••••••••••••	2.(d) it veteran, name war			
3. (a) FULL NAME						3. (b) Social Security	Number	
		CHARLES	J. BRO	OOKES		Unknown	27-18	
4. Sex	5	. Color or race	6.(a)Sing!	e, married, widowed, or divorced		ERTIFICATION	Mark .	
Male		White	9	Single	Ootobon 21	1.7	7.700	
3 VA/Cily order No.		11111100		711610	20. DATE OF DEATH October 24,			
6.(b) Name of	husband or	witeSi.n	gle		21. I CERTIFY that death occurred on the date abo			
			6.(c) If alive, give ageyears	October 20, 19.			
7. Birth date o	if				and that t last saw himalive onOcto			
	no., day, yr.)	3/17	/88 Davs	If less than one day	Immediate cause of death Attack of			
8. AGE:	Years	months	Days		Bronchial asthma ac	cute.	10 days	
	59	1. 7	7	hrs. min.				
9. Birthplace.	Engl	and (Town,	eounty, and	ntate)	Due to Chronic bronchial asthma 20 yrs			
16 Hourd nee	unation II	nemplove	d					
		240112011011011011			Due to		•	
11. industry o						***************************************		
里 12. Name	Cha	rles Bro	okes		Other conditionsChronic right sided cardiac Unknown			
₹ 13. Birth	piace En	gland			hypertrophy. (Include pregnancy within 3 r			
E Mald	p	hoehe Sh	arratt					
E I . maiu	en name		CA4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		Major findings of operations			
14. Maide 15. 8irth	place 🔣	ngland			Oate of op.			
16. Intermant	Clini	cal Reco		ets Adm. Hosp.	Antopsy resultsSubstantiat PHYSICIAN: Please underline the cause to wi	bed above	statistically.	
Address	Fort	Howard,	Maryla	nd	22. VIOLENCE: If death was due to external cau	uses, fill in the following:		
11Bt	rial	removal. Which?	Date ther	ent (month) (day) (year)	Accident, suicide, or homicide	Date of		
Cemetery or crematory Parkwood Cemetery			tery	Where did Injury occur?(City or town)	(County)	(State)		
Location Baltimore, Maryland					Injured at home, farm, Industry, public place (w			
					Means of Injury	injured at work?		
Address		undalk.			Robert M.	wellison		
1	Man A	1.	wa	00000	23. SIGNATURERMCULLISO!	N. M. D., DLIN	or other	
19	Dy regist	147	4//	Registrar	VAH. FORT HOWA	ARD, MARYLAND	- 67	
(THES LEG	TAN DA SERIPI	/	» A	TAND IN SEC.	NEW! C. 3	*** aigueu		

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.....

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	
3.(a) FULL NAME CASPER J. BRUECKNER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or div	Orced MEDICAL CERTIFICATION 20. DATE OF DEATH October 4 1947 2/030 A, w
6.(b) Name of husband or wife	21. I CERTIEY that death occurred on the date above etated; that I attended decessed from
deceased (mo., day, yr.) Sept. 13th, 1889 8. AGE: Yeare Months Days If less than one day 58 21 hrs.	Immediais cause of death DURATION min.
9. Birthplace Baltimore, Md. (Town, county, and state) 10. Usual occupation Grocer 11. Industry or business	Due to Stowach and liver.
12. Name	
14. Maiden name Katherine Gossman 15. Birthplace Baltimore, Md.	(Include pregnancy within 8 months of death) Major fiedings of operations. Cartes and a strength of the stren
16. Informant Mrs. C.J. Brueckner Address 18 Glenmore Ave.	Autopsy resolts
Durial (Burial, cremation, or removal, Which?) Cemetery or crematory Baltimore, Md.	
18. Funeral director Lassahn Funeral Non- Addrees 7401 Belair Rd.	Means of Injury Injured at work?
19. Och 7 7 19 4 7 Mo 9 L. Reifer	23. SIGNATURE AND Date eigned Collision 4/45.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County Baltimore City or town Catonsville (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? 19 years, 1 month, 11 days Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 19 years, 1 month, 11 days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Cecelia Buczek	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white married	MEDICAL CERTIFICATION 20. DATE OF DEATHOctober 29 1947
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18
8. AGE: Years Months Days If less than one day 51? ?hrsmin.	Carcinoma of the colon indef
9. Birthplace Baltimore, Maryland (Town, codnty, and state) 10. Usual occupation Housewife 11. Industry or business Home 12. Name ? Original Coloraba 13. Birthplace ?	Due to
14. Maiden name ?	(Include pregnancy within 3 months of death) Major findings of operations
Address Catonsville-28, Maryland 17. Aurial 18. Funeral director Gleage Address 706 & Aurial 19. Act 30 19 47 Au Helling Catonsville-28, Maryland 19. Act 30 19 47 Au Helling Registrar Registrar	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide

MEDICAL	CERTIFICATION

20. DATE OF DEATH October 29 1947.	, at .6:05 a. M
21. I CERTIFY that death occurred on the date above stated; that I attended d	29 19 47
Immediate cause of death	
Due to	
Due to	
Other conditions	
20 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	

M. D. or other .. Date signed 10-29-47 Cat onswille-28, Md.

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PLEASE WRITE PLA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08782 Reg. Dist. No.

1. PLACE OF DEATH: Batt rust County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County
How long in above placs of death?	(If outside city or town limits, write RURAL and give nearest town)
nosynes, montenen, or stroot address where death decorred.	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, nama wer
3. (a) FULL NAME Dewy F. Burnette	3. (b) Social Security Number
Male Multe Married, widowed, or divorced Male Married Married Married Married	20. DATE DE DEATH 20 19/7 19/7 19/7
6.(6) Name of husband or wife da Dunelle -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Substitution of the substi	
T. Birth date of decessed (mo., day, yr.) May - 8 - 1903	and that I lest saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace. The firm (Town, county, and state) 10. Usual occupation A takeled Uttlessaul.	Due to. Ty hanging
11. Industry or business	Due to.
12. Name Willie A. Burnette	Other conditions Suiceds
# 14. Majden pame Colora Welliams	(Include pregnancy within 3 months of death)
15. Birthplace Tryinia	Major findings of operations.
El 15. Birthplace / regular	— Date of op.
16. Informant An office sauce	Autopsy results
Address of spirit	22. VIOLENCE: If desth was due to external causes, fill of the following:
(Burlal, cremation, or pamoval, Which?) Date thereof 10-73-47 (month) (day) (year)	Accident, suicide, or homicide allegations and the property of the party of the par
Cemetery or cremetory. Out Hull 7 auc	Where did injury occur? (City or town) (County) (State)
Location granting upon	lajured at home, form, Industry, public place (phore?) Means of injury Means of injury
Address Calons ville - Many Cand	10 mg 10 Kerffler
	23. SIGNATURE

j. *j*

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(18783 Reg. Diat. No. 35

1. PLACE OF DEATH: County	Street No	County County
3. (a) FULL NAME Sarah Elizabeth A	Zuno	3. (b) Social Security Number NONE
7. Sex 5. Color or race 6.(a) Single, marriff, widowed, or divorced	MEDICAL 20. DATE OF BEATH	CERTIFICATION
6.(b) Name of husband or wife Army P. Rum 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 9. 1849	21. I CERTIFY that death occurred on the dat and that I last saw h	Oct. 16 1947
8. AGE: Years Months Days It less than one day 98 7 7	Corebral hu	enorsey
10. Usual occupation 11. tridustry or busingss 12. Name	Due to	terien
14. Maiden name Sarah & Relian 15. Birthplage While Ofall. Incl 16. Informant How Clear Benegative Address While Story, Incl	Actors results.	to which death should be charged statistically.
17. Burial, cremation, or removed. Which?) Cemetery or crematory (March 1997) Cemetery or crematory (March 1997)	Where did injury occur?(City or to	wn) (Coonty) (State)
18. Funeral director fund S. Marbline Address White Hall hid	Injured at home, farm, Industry, public place Means of Injury	Injured at work?
18. Oct 1947 Mus 24 - ward 5 Marks (Dato ree'd by registrar)	23. SIGNATURE Parleton	M. D. or other — hud - Date signed / 0/17/47

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1570

08784

Reg. Diat. No..

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town			
How long in above place of death? 1 Year	City or fown Phoenix (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streef No.		
	(If rursl, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Anne Merryman Ca	rroll 7		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH OCT 28 1947 at 100 P		
6.(b) Name of husband or wife	21. I CERIMY that death occurred on the date above stated; that attended deceased from		
	Uct 16 1017 10 Uct 78 1947		
7. Birth date of	and that t last saw here alive on Oct 27 1947		
deceased (mo., day, yr.) September 2, 1906	Immediate cause of death		
8, AGE: Years Months Days If less than one day	A		
41 1 26	Congerne Heart Deserte 3-1947		
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to.		
	Congental Heart Decays?		
1D. Usual occupation Secretary	Due fo		
11. Industry or business Penniman & Brown			
# 12. Name Henry Carroll	- Other conditions		
Henry Carroll 12. Name Henry Carroll 21. Sirthplace Phoenix, Md.			
算 14. Malden name Anna Merryman	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
\$ 15. Birthplace Georgia	Date of op.		
16 Informant Mrs. Norton Carroll McDonough	Antopsy results		
Address Phoenix, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Buniol 10/20/40	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Date thereof 10/30/47 (mouth) (day) (year)	Accident, suicide, or homicide		
Cemetery or exemptory Immanuel	Where did injury occur?		
Glenco, Md	Injured at home, farm, Industry, public place (where?)		
LUCATION	Meens of Injury tnjured af work?		
19. Funeral director. 10. 15. Meals and Son	Micello of illifaty (illifator at note)		
Address 805 N. Calvert Street	Bennett a Strew		
into a the William & C	M. D. or other		
(Date reckl by registrar) (Date reckl by registrar) (Date reckl by registrar)			
(Date Local of Legistra	AUUI COO		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

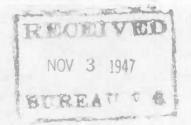
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18785 Reg. Dist. No. 50

			CERTIFICA	L OI DEATH	Reg. Diat. No	
1. PLACE OF DEA				2. USUAL RESIDENCE (HOME)	OF DECEASED:	
County Baltimore		(For newborn infants give residence of mother) State Maryland County				
City or town. Catonsville (If outside city or town timits, write RURAL and give nearest town)						
How long in above place	of death? 3. yrs.	. 2 mo	nths, 2 days	City or town Baltimore (If outside city or town limit	ts, write RURAL and give nes	rest town)
Hospital, Institution, or	street address where cove State	death occurred	d: +-7	Street No. 1522 Gorsuch Ave	nue	
					re LOCATION)	
		s, 2 m	onths, 2days	2.(a) if veteran, name war		
3. (a) FULL NAME	John C	askey	(John BR.	ant Caskey)	3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	the state of the s
Male	White	Wi	bewob	0-1-236	4.0	0.35
				20. DATE OF DEATH October 13		
6.(b) Name of husband	or wife Carri	e S. T	homas	21. I CERTIFY that death occurred on the date at		
		6.0	e) tf alive, give ageyears	August 11		
7. Birth date of	35 3 4		- / 11 mire; 8.70 mgc	aed that I last saw h.i.Malive onO.G.t	ober 13	19.47
deceased (mo., day, you	Months	Days	I If less than one day	Immediate cause ul death		
8. AGE: Years	7	9		Acute myocardial fai		
10	1	9	hrs,min,	Hypertensive Cardio-	vascular	2 80010000000000000000000000000000000000
9. Birtholace Balt	imore. Ma	ryland	state)	Due to disease	***************************************	indef.
				Generalized arteriosclerosis inde		indef.
10. Usual occupation	Carpente	r	***************************************	Que to		8
11. Industry or business	Constru	otion		BEC 10.		
置 12. Name Robe	rt Caskey			Other conditions		***************************************
12. Name Robe	ancaster,	Penns	vlvania			
	Amolio Pro	2000		(Include pregnancy within 3	months of death)	
E 14. Malden name	Wille TTA TT	a'a'a'	***************************************	Major fiudiugs uf operations	***************************************	
14. Malden name 15. Birthplace Be	ltimore, 1	Maryla:	nd		Date of op	
16 Informant Hos	pital Rec	ords		Autopsy results		
				PHYSICIAN: Please underline the cause to		
	sville, 2		ha blad	22. VIOLENCE: If death was due to external ca	auses, fill in the following;	
17. DUR	or (moval, Which?)	Date ther	eof October 16-194 (month) (day) (year)	Accident, suicide, or homicide	Date of	
		N P	AR IT			
Cemetery or crematory		Where did injury occur?(City or town)				
Location	DALTO)	7 4	Injured at home, farm, Industry, public place (where?)	
18. Funera director	+ (Y 19	.m.	Walter	Meens of Injury	Injured at work?	
1//2	2 H. S	60	Land Cla	Grade	tuch	
Address	4 17 Y 07	NIC	KER STS	23. SIGNATURE Isadore		
19 10-15-1949 Beffer		Catonsvi	lle-28, Md.M.D.	or other		
(Date rec'd by registrar) Registrar			Registrar	Address	Date signed	10-13-47

08786

CERTIFICA	ATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Daltmark City or town. Loots Arable (If outside fity or town limits, write RURAL and give nearest town) How tong in above place of death?	State Many County County City or town Daniel RURAL and give nearest town) Street No.
3. (a) FULL NAME Miss Emma Margaretta t	Paulk 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced Female White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH October 29 19 47, 21 6 45
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
8. AGE: Years Months Days It less than one day 8 / 6 22 hrs. n 9. Birthplace Mc Daniel md	nin.
10. Usual occupation. Hause Selection in Canning factory 11. todustry or business host time in Canning factory	Due to
13. 8irthplace Me Daniel Md 14. Malden name Lewa Wittman 15. 8irthplace Me Daniel Md	(Include pregnancy within 8 months of death) Major findings of operations.
18. Informant Quera M. Schroeder per C. P. Tupton Address Masonic Homes Cockeysville Md	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Cemetery or crematory. Easttrix. Genetary	Accident, suicide, or homicide
Location & aston manyland 18. Funeral director. Man Cork Address St Paul + Preston Stro	Injured at home, farm, industry, public place (where?) Means of Injury Machut. Keis h. D.
19, Oct 30 19 47 Lay M Schweder (Dato rec'd by registrar) 19 47 Regist	23. SIGNATURE. Co ckey srille hid Date signed 10-29-



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

23. SIGNATURE

Address.

Reg. Diat. No.) 0
OF DECEASED: of mother) County Althory	u
nite, write RURAL and live neare	st town)
ive LOCATION)	
3. (b) Social Security No	umber
28 157	6 55 pm
	DURATION
	5 m +2

3 months of death)	
Date of op	
which death should be charged st	atistically.
causes, fill in the following;	
Date of	
n) (County)	(State)
n) (County) (where?)	(State)
	OF DECEASED: of mother) County Anity, write RURAL and live neare live LOCATION) 3. (b) Social Security No CERTIFICATION 2. 19. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.

CERTIFICAT 1. PLACE OF DEATH: (If outside city or town limits, How long in above place of death?.... Hospital, Institution, or streef address where death occurred How long in hospital or institution?. 3. (a) FULL NAME 4. Sax 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: 13. Birthplace 14. Maiden name PLEASE WRITE PLAINLY, is especially (Burial, eremation, or removal, Which?) Cemetery or crematory 18. Funeral director

(Date rec'd by registrar)

NOV 4 1947 BUREATING

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08788

CERTIFICATE OF DEATH

3. (a) FULL NAME Sterling Ellood Criswell	3. (b) Social Security Number 0 98 - 22 - 6681
6.(b) Name of husband or wife 21. I CERTI	MEDICAL CERTIFICATION DEATH 19. F. 7 at /0 2.5 9 at /
8. AGE: Years Months Days It less than one day	st salth alive on 19 %. The salth alive on DURATION DURATION LACE AND SILE AND THE SALTH AND THE
10 Hausi accumation Carfee Control of the Control o	1 (4 4
14. Maiden name Sugar Packe 15. Birthplace 16. Informant 2244 Stabling Crigatell Autopsy re PHYSICIA	(Include pregnancy within 8 months of death) ags of operations. Date of op. Let use the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Cemetery or crematory Date thereof. (month) (day) (year) Accident, so Where did I	NCE: If death was due to external causes, till in the following;
Location Mandallslow and Injured at h 16. Funeral director Means of In Address Address Alexaelle, mary and 19/0-4-19/7 Date rec'd by registrar) 19/0-4-19/7 Date rec'd by registrar) Address Address Address Address	8. 14. R

OCT 6 1947
BUREAU V &

VS A15

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

08789

CERTIFICAT	TE OF DEATH Reg. Dist. No. 37
1. PLACE OF DEATH: County. Description City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? A YV I Me Alexand Measurement of the solidal, institution, or street address where death occurred: 1. PLACE OF DEATH: County. Description: City or town. (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death? A YV I Measurement of the solidation of the s	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County Ballings City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war
	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male white	MEDICAL CERTIFICATION 20. DATE OF DEATH. Q.C. 30 18.47 of 7.4. N
8.(6) Name of husband or wife. M. J.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 7. and that I last saw h. Annualive on 19. 4. 7. Immediate cause of death DURATION 24. 24. 24. 24. 24. 24. 24. 24. 24. 24.
8. Birthplace Maryland (Town, county and atate) 10. Usual occupation Labour of the county and atate)	Bue to. Ortagio Claroso -
11. Industry or business 12. Name John . It . Llavielis	Other conditions Cerebral Amonthage - 1 whs.
14. Maiden name Jane Alelia Furrily 15. Birthplace Maryland 18. Informant Mrs Joseph Krickburn Address 4 Colonial Road. Md.	(include pregnancy within 3 months of death) Major findings of operations.
17. (Burial, eremation, or removal, Whieh?) Cemetory or crematory. How Shekard Cow.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director. 9. Howard Strong Address 3207 W- North Cry, Betty M. 19. 6 t. 30 18. 47 Word lehiles to	Injured at bome, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Other Sville Wd Bate signed 10/30/10

NOV 6 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00157	00	2	2
Reg. Dist.	No	2	2

	TE OF DEATH Reg. Dist. No.	
County Cily or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or justifution: Stay in hospital or linst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL NEAR and give to Street No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR	I No
3. (a) FULL NAME Chester Dembeck	3. (b) Social Security No. 212-03-	
4. Sex The block B.(a) Single married, widowed, or divorced married B (b) Name of husband or wife Catherine Dembeck	MEDICAL CERTIFICATION 20. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr.) They 17, 1915	and that I last saw h per allve on Cut. 2	19-
8. AGE: Years Months Days If less than one day 32 House Baltimore Just 9. Birthglace Baltimore Just	Immediate course of death Information failure Bue to Bulmonary Duberenlossa	DURATION
10. Usual occupation Sugurous 11. Industry or business 12. Name Trank Demblek	Due to	
13. Birthplace U.S. H. 14. Maiden name Assadeline Andrews. 15. Birthplace U.S. H.	(Include pregnancy within 8 months of death) Major findings: Of operations	PHYSICIAN Please underlise the cause to whic
16. Informant Coollesine Dembeck. Address 8/0 S. Kenwood and.	or autops)	death should be charged statisti- cally.
17. BURIHA (Burial, cremation, or removal, Which?) Cemetery or company St. Stanishmus Location Denote thereof (O-6-47) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)
18. Funeral director LILLY & ZEILER /NC. Address 403 S. WOLFE ST. 18. OCT 4 18 47 (W) Fedrich	Means of Injury Injured at work? 23. SIGNATURE Gocil Probable M. D. or M. D. or	

The

UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

8. AGE:

MOTHER | FATHER

PLEASE WRITE PLAINLY, WITH correct age is especially important.

9. Birthplace.

Years

53

10. Usual Occupation 11. Industry or business

14. Maiden Name

(c) Cemetery or cremator

18 (a) Funeral director

VS 151

12. Name. 13. Birthplace

15. Birthplace 16 (a) Informant (b) Address

Months

SA

BALTIMORE	CITY	HEA	LTH	DEPA	RTMEN	i
CERTIE	ICA	JE	OF	DE	ATH	

RE CIT HEALTH DEPARTMENT	143
TIFICATE OF DEATH	Registered No

	112741
1	2. USUAL RESIDENCE OF DECEASED:
	(a) State md. (b) County Prince beorge
	(c) City or town Rugus Height (1f outside city or town limits write RURAL and give town)
	(d) Street No. 5025 - 55 th Quence (If rural give location)
	(e) Citizen of foreign country?(Yes or No) If yes, name country
-	De moch
	No most
	MEDICAL CERTIFICATION A.
	20. DATE OF DEATH October 24 1947, at 9:50 M
	21 1
	21. I certify that I took charge of the remains described above, held an
	Autopsy, Inspection of Inquiry
	by said Autopsy, Inspection or Inquiry, find that said deceased came
4	To Read death on the day stated above, and death in my
	opinion resulted from: natural causes [4], accident [], suicide [],
	homicide _, undetermined _ and that the causes of death were:
	IMMEDIATE CAUSE OF DEATH Coronary
1	occlusion
1	***************************************
	Due to
1	
	Other Conditions
	Other Conditions
	Other Conditions (Include pregnancy within 8 months of death)
	(Include pregnancy within 8 months of death)
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following:
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following:
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (b) Where did injury occur?
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (Include pregnancy within 3 months of death) All or contributing cause of death, fill in the following:
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury occur? (b) Where did injury occur? (c) Did injury occur at home, or farm, industrial place, in public place? While at work?
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury
	(Include pregnancy within 3 months of death) 22. If an external cause was primary or contributing cause of death, fill in the following: (a) Date of injury occur? (b) Where did injury occur? (c) Did injury occur at home, or farm, industrial place, in public place? While at work?

	CERTIFICATI
1. PLACE OF DEATH: (a) Baltimore Lity, Maryland	
(b) Street address	
3 (a) FULL NAME	markha D.
3 (b) If veteran, name war	3 (c) Social Security Account No.
4. Sex 5. Color or race	6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife	Stewart Democh

7. Birth date of deceased (mo., day, yr.) December 29,18

Days

26

6 (c) If alive, give age 50

(Town, county, and state)

(b) Date thereof

.hr.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08792

CERTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	1235 Marele aue.
3. (a) FULL NAME Charles Hanny Sinkelman	3. (b) Social Security Number 2/3-/2-8021
4. Sex Male 5. Color or race 6. (a) Single, married, widowed, or divorced with widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Office 8 19 47 21 5:00
6.(b) Name of husband or wife. Rose Norman Durleman 6.(c) If alive, give age dead yea 7. Birth date of deceased (mo., day, yr.) deptember 1, 1865 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date shove stated; that I attended discessed from Opul 19. 4.7. to 6.4.9. 19. 4.7. to 6.4.9. Immediate cause of death
9. Birthplace Baltimore manyland (Town, county, and stay) 10. Usual occupation Accurates	Due to. Astronalessaid Gran
11. Industry or business Jewelry. 12. Name	Dither conditions
14. Maiden name unhanne 15. Birthpiace Gormany 18. Interment Mrs. Lellin Dubelman.	Msjur findings at aperations
Address 12 35 Maple Que. 17 Burial (Burial, eremation, or removal, Which?) Date thereof	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Loudon Park Com. Balto., Md. 18. Funeral director WM. J. TICKNER & SONS	Where did Injury occur?
Address Balto., Md. 19. (Date ree'd by registrar)	23. SIGNATURE William Joodman M. D. 1384 Julyhun Gring Road M. D. or other Address Boltzman , 27, mod. Date signed & October

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

CERTIFICATE OF DEATH

Reg. Diat. No. ...

	Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Couoty City or town (If outside city or town limits, weigh RURAL and give nearest town) Street No. (It mysle give LOGATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Thomas R	Elton 3. (b) Social Security Number 2/5-10-43/5
4. Sex 5. Color or pace M. Widowed Midowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Octobe 20 19.47 218,00 A.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to OCT 20 19.47 and that I last saw have alive on OCT 692 20 19.47
8. AGE: Years Months Days If less than one day	Immediair cause of death OURATION Oroughy Authorism 1 Say. Due to.
10. Usual occupation	Dus to Televis selessti Cardio. Renal Varcular Lenans 2/25. Diher conditions.
14. Malden name. Marie P. Lempert 15. Birthplace Balto M.d. 16. Informant. Marie Manner	(Include pregnancy within 3 months of death) Major findings of operations
Address Balter 2 / Rt / Ma. 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Mallons	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location typical well and the superior of the	Injured at home, farm, Industry, public place (where?)
Appropriate 19. 19. 19. 47 Lastern (we fl.d.) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	23. SIGNATURE Lawres Florita M. D. or other 422 Eastern Aue, M. D. or other Address Date signed '921/47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation carefully in especially important. Physicians: please write the causes of death clearly and legibly: MARGIN RESERVED FOR BINDING

VS A15

PLEASE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

St., Baltimore 94

CERTIFICATE OF DEATH

08794

N/	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale
How long in hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME 1	Facler. 3. (b) Social Security Number MEDICAL CERTIFICATION
F White married	20. DATE OF DEATH. O C. 9. 2 19. 47, 21 17 4 P.
Eld A	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	and that I jast saw h
8. AGE: Years Months Days If less than one day	Corney Occusion TO MAIN
9. Birthplace	Oue to
12. Name La huston H O Hara 13. Birthplace Balto	Other conditions
14. Maiden name Rose McCarris 15. Birthplace Baltinuse Did 16. Informant Field A Fader	Major findings of operations
Address 56 Sassafaras Rd 17. Bussafaras Bale thereof Month day (year)	PHYSICIAN: Please underline the cause to which death about the charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of
Cemetery or crematory Balto Location II a Ith Curp.	Where did Injury occur?
18. Funeral director A Buylania Address 400 Castern Over	Msens of Injury Injured at work?
19. Oct 10 19 47 A W Hedrish	23. SIGNATURE THE THE THE STORE STORES

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08795 CERTIFICATE OF DEATH Reg. Dist. No.....

1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Baltimore			Name 2 and Dall Advance	
City or town	Cato	nsville Md.		
		years	City or town Balt.imore (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or	street address where dea	th accurred:	Street No. 6500 Brook Ave.,	
Opi	tz Nursing	Home	(If rural, give LOCATION)	
How long in hospital or	Institution?		2.(a) It veteran, name war	
3. (a) FULL NAME	3		3. (b) Social Security Number	
MAI:	RY IDA FER	GUSON		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female	white	widowed	20. DATE DF DEATHOct. 15th 19. 47, 21. 5 A.	
6 (h) Name of husband	or wite John	H. Ferguson	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from	
			Oet 2 19 4 10 3 19	
7. Birth date of			and that I last saw help alive on OOT 14 194	
deceased (mo., day, y		Days It less than one day	Immediate sanse of death	
8. AGE: Years			Chy myocarochs - Mo	
88	3 6	13hrsmin.		
9. Birtholace	Baltimore	Md.	Due to	
			anterio Deleronen	
10. Usual occupation	at nom	0	Due to	
11. Industry or business		·		
至 12. Name	Geo. L R	athell	Other conditions	
13. Birthplace				
<u>w</u>	K	rebs	(Include pregnancy within 3 months of death)	
14. Maiden name			Major findings of operations.	
	n Was M	Tomassan	- Date of op.	
16. Informant	r. Wm. M.	••••••••••	Antapsy results	
Address 65	500 Brook	Ave.		
burial		10/18/47	22. VIOLENCE: If death was due to external cauxes, till in the following;	
(Bue al, cremation	, or removal, Which?)	Date thereot	Accident, suicide, or homicide	
Cemetery or cremato	, Barkw	000	Where did Injury occur?	
t a contra	Balti	more, Md.	Injured at home, tarm, lodystry, public place (where?)	
Location	^		Meens of Injury tnjured at work?	
18. Funeral director	Passahn			
Address	7401 Bel	air Rd.	Heree Share Tell	
011	17 17	& W/ Hedre	23. SIGNALINE M. D. or other	
19. (Date rec'd by rec	gistrar) 19	Registra	Address teles a vice Date signed D717	

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08796

Reg. Diat. No

CERTIFICATE OF DEATH

L PLACE OF DE	1 // 1/1	60		(For newborn infants give residence of mother)		
County	Nove Pi	kesville	MA	State Md County		
Oity or townVilla Nova Pikesville Md (If outside city or town limits, write RURAL and give nearest town) How long is above place of death? 24 years			d give nearest town)	City or town Villa Nova Pikesville Md (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No		
How long to hospital or	Institution?		***************************************	2.(a) if veteran, name war		
3. (a) FULL NAME		len Gertr	ude Fitzpat	Heren G. Ficzpackick)	Security Number	
4. Ses	5. Color or race	6.(a) Single, married,	widowed, or divorced	MEDICAL CERTIFICATI	ON	
Female	White	Sin	gle	29. DATE OF DEATH OOX 25th	19 47 at 6.30 M	
6.(b) Name of husband 7. Birth date ot deceased (mo., day, y			give ageyears	21. I CERTIFY that death occurred on the date above stated; that t etter 19. 47, to	ended deceased from C 25 194	
8. AGE: Years	Months		than one dayhrsmin.	Immediate cause of death.	one Kewlus	
	Baltimon (Town, o		ırv	Due 10. Herfertenson	Leobany	
11. Industry or bosiness		r Scott F		Due to.		
	Edward D		ick	Dither conditions	will I	
[ma	Emma] Baltimore		r	(Include pregnancy within 3 months of death) Major findings of operations. Date of	10-27-	
	an F.Fit:			Autopsy results.		
	ridge Ro		Nova	PHYSICIAN: Please underline the cause to which death should be		
	al , or removal, Which?)	Date thereof. QC	t 28 1947	22. VIOLENCE: If death was due to external causes, till in the follow Accident, suicide, or homicide	ing: a ot	
Cemetery or cremator	D:	ruid Rids	se	Where did injury occur?) (State)	
Location	// Pike	sville Mo	1	tnjured at home, tarm, Industry, public place (where?)		
18. Funeral director	Nary	Thru	acosp	Means of Injury Injured at	work?	
Address 4204	Ridgewo	od Ave	/, ')	CB &	1.00	
19. (Date rec'd by reg	1) 19 Y	Cher	Registrar	23. SIGNATURE 4936 Varh 175	to signed / 0-25-6	

PLEASE

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

BC 08793 0

State Coopy Were loss above place of death Margaret (If custode city or town limits, write MURAL and give nearest town) Were loss in above place of death Margaret Offerty Mithering street defects where feath occurred. Offerty Mithering Monke Margaret A. Set S. Color or tee Margaret A. Set S. Color or tee Margaret A. Set S. Color or tee S. Col	County Salto	(For newborn infants give residence of mother)
City or town (If cutside city or town limits, write RURAL and give nearest town) Headed, institution, as steel address where selection occurred. Manager 12 Meth damey Home Manager 12 Meth damey Home Manager 13 Meth damey Home Manager 14 Meth damey Home Manager 15 Meth dame dame dame dame dame dame dame dame	City or town Catous villa	State Couply
Street to the street agrees and the street agree a	(If outside city or town limits, write RURAL and give nearest town)	City or town / Salto
Street to the street agrees and the street agree a		(If outside city or town limits, write RURAL and give nearest town)
Row long in hospital or lastitulism. 2.(a) It veteran name war 3.(b) Social Security Number A. Size 4. Size 4. Size 4. Size 5. Color or rece 8. Potting married, widered of diseases 8. Potting married, widered of diseases 8. (c) It allies, gire age 9. Birth date of diseases 1. Birth date of diseases of mo. day, ri.) 8. AGE: Tests 8. Meeths 1. Days 1. It less has doe day 1. Birth date of diseases of mo. day, ri.) 8. AGE: Tests 1. Meeths 1. Days 1. It less has doe day 1. Birth date of diseases of death 1. Meeths 1. Dural occapation 1. Meeths 1		
3. (a) FULL NAME A. SET A. S	Opela nansing Nowe - naudeng Oper	(If rural, give LOCATION)
4.522 S. Color or race S. Col	How long In hospital or Institution?	2.(a) It veteran, name war.
4. See S. Color or race	3. (a) FULL NAME	3. (b) Social Security Number
E.(b) Name of husband. On Minary 2 2 2. 1. Birth date of deceased (mon. day, yr.) 1. Birth date of deceased (anna Margaret	Flamm None
20. DATE OF OEATH 21. CERTIFY (Include pregnancy within 3 months of death) 10. Usual occupation. 11. Industry or business 12. Name Consider a substance of the consideration o	4. Sex 5. Color or race 6. (a) Single, married, widowed, of diversed	MEDICAL CERTIFICATION
5. (b) Halle of wise and of wise and of the conditions 5. (c) Halle, give age get get get get get get get get get g	Trinale White Widowed	01-7-18- 4- 11-
10. Birth date of deceased (mo., dar, yr.) 12. May 18	s (h) Name al huchand of wife a 2 L. Flany m	21. I CERTIFY that death occurred on the date above stated: that I allended deceased from
12. Birthplace		007. 1 194/10 00 18. 194/
8. AGE: Years Months Days If less than one day 72	2 5t H data at	and that I last saw h and alive on Oct 18 - 1947
9. Birthplace (Town, county, and atate) 10. Usual occupation. 11. Industry or business 12. Name Due to Due		Immedia Cause of death DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name O. M. Millian A. Dither conditions 13. Birthplace (Include pregnancy within 3 months of death) 14. Major name. 15. Birthplace (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. 16. Informant A. Manual Millian A. Antopsy results. PHYSICIAN: Please enderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, lill in the following: Accident, suicide, or homicide. Date of . Where did Injury occur? (State) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Injured at work? M. D. or other	8. AGE: Years Months Days It less than one day	the was Tenor hage 2 days
9. Birthplace	72 5 0min.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address 281/ Echodale Use (Include pregnancy within 8 months of death) Major findings of operations. Antippy results. PHYSICIAN: Please anderline the cause to which death should be charsed statistically. 22. VIOLENCE: If death was due to external causes, Ill In the following: Accident, suicide, or homicide. Date of . Where did injury occur? (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? M. D. or other	Balto. Md.	Que la Certa Certario
11. Industry or business 12. Name	(Town, county, and state)	Televones
11. Industry or business 12. Name	1D. Usual occupation. House wr fe	Due to.
12. Name	11. Industry or business Own Home	
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Action and the composition of the control of the co		(Include pregnancy within 8 months of death)
Action and the composition of the control of the co	14. Maiden name	Major findings of operations
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Address 2-811 Echodale Cuz 17. Buzial Date thereol. (month) (day) (year) Cemetery or examplery Seen Mount. Location Balto. Mal. 18. Funeral director. William Oash Suc. Address 1217 St. Paul 4 Address 1217 St. Paul 4 19. D-70 19. St. Paul 4 19. D-70 19. St. Paul 4 19. D-70 19. St. Paul 4 19. D. or other	16 Interment D. Henry Michel	Antopsy results
22. VIOLENCE: Il death was due to external causes, Illi in the following: Accident, suicide, or homicide	-/ 1 1	
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Cemetery or coematory Balto. Balto. Means of Injury Injured at work? Where did Injury occur? City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE M. D. or other	(Burjal, cremation, or comoral, Which?) (Burjal, cremation, or comoral, Which?) (month) (day) (year)	Accident, suicide, or homicide
Location Balto. Med. Injured at home, farm, industry, public place (where?) 18. Funeral director William Oak Suc. Address 1217 St. Paul t 19. (D-70) 19. (D) Agland 23. SIGNATURE Beech Stowler M. D. or other	Prace Mariant	Where did Injury occur? (County) (State)
18. Funeral director. William Cook Suc. Means of Injury Injured at work? 19. D-70 19. D. Or other M. D. or other	Boots and	
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19 (D-70 19 47 Old Agland 23. SIGNATURE M.D. or other	10. Fulleral director	(1/4)
10 (D-70 10 47) Dag Vrew D = M. D. or other	Address 2/ 0/. Rux	23. SIGNATURE DECEMBER FORMER
(Date rec'd by registrar) Registrar Address Date signed Date signed	10 (D-70 1047 DUAGINIUM	M. D. or other
	(Date rec'd by registrar) Registrar	Address Date signed 5/28

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OR BINDING	TI O
ARGIN RESERVED FOR BINDING	TH UNFADING INK. Supply every item of portant. Physicians: please write the causes
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08798

CERTIFICATE OF DEATH

20			0
Reg.	Diat.	No.	20

1. PLACE OF DEATH: County				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM		Fursch	1	3. (b) Social Securi	ty Number	
4. Sex female	5. Color or race	6.(a)Sing	le, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH October 7 18 4	7214:30p.1	
	A		Fursch c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended di	c. 7 19 47 19 47	
8. AGE: Year	s Months	Days 28	If iess than one day	Terminal pneumonia	24 hours	
9. Girthplace	German	county, snd	state)	Due to Cardiovascular disease		
El	s None			Due to Decubitus, of the back		
14. Maiden name 15. Birthplace	?		rds	Major fiedings of operations. Date of op Antonay results. DONG		
Address 11. (Burial, cremation Cemetery or cremat	ory		8, Maryland 10/11/4/ eoi 10/11/4/ country (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged as a constant of the collection	(State)	
Address 19 (Date recki by re	1/30 8		W. Hadrick	23. SIGNATURE Isadore Tuerk, M.D.		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

CountyBaltimore	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town) Street No. 101 East Monument Street (If rural, give LOCATION)		
Catonsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6. years, 6. months, 16. days. Hospital, Institution, or street address where death occurred: Spring Grove State Hospital			
How long In hospital or institution?6years,6months,16days	2.(a) It veteran, name war		
3. (a) FULL NAME James Gaffney	3. (b) Social Security Number		
4. Set 5. Color or race δ.(σ)Single, married, widowed, or divorced male white widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH		
5.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19		
8. AGE: Years Monthe Days It less than one day 67 - 5hrsmin.	Fractures of right ulna, tibia, and fibula		
9. Birthplace Philadelphia Pennsylvania (Town, county, and state)	Infected laceration of lower back.		
10. Usual occupation	Bronchopneumonia. Bilmonas edema Other conditions. Series also play of brain (Include pregnancy within 3 months of death)		
14. Malden name Annie Wood 15. Birthplace Londerry, Ireland 16. Informant Hospital records	Major findings of operations. Date of op. Autopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.		
Address Catonsville-28, Maryland 17. Date thereot. 10 - 25 - 67 (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Location Location	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident suicide, or homicide		
18. Funeral director. Nelliam J. Ticknee Y Jons Address Roy & Y Pa. Roy (17) Ballo Mrd. 19. 10, 27 (Date Dec'd by registrar) 19. (Date Dec'd by registrar) Registrar	Meane of Injury auto into pedesky injured at work? No 23. SIGNATURE M.D. or other Address SG SH - Date signed 10/23/77		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2 HOURT DECIDENCE (LICAME) OF DECEASED.

CERTIFICATE OF DEATH

County	(For newhorn infants give residence of mother) State. Maryland. Couoly Baltimore City or town. Perry Hall (If outside city or town limits, write RURAL and give nearest town) Street No. Belair Rd. & Halbert Ave. (If rural, give LOCATION) 2.(a) If yeleran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
EFFIE M. GALLOWAY			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 8		
female white widowed	20. DATE OF DEATH Oct. 1.5th		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.7. The state of the state		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
81 11 23hrsmir	Intestral Obstruction		
9. Birthplace	Diher conditions Seamen and 6 muster		
14. Malden name Elizabeth Hauver 15. Birthplace Frederick	Major findings of operations Colors of Catholic Date of op. Catholic Dat		
16. informant Mrs. Geo. Quelet Address Belair Rd., Perry Hall	PRINCIPAL: Liente anderine ine cause in which death should be caused in		
17. bufial (Burial, cremation, or removal, Which?) Date thereof 10/18/47 (month) (day) (year)			
Cemetery or crematory Loudon Park Baltimore, Md.	Where did Injury occur?		
18. Funeral director Lassahr Funeral 4/0			
19. /0// 19. Date rec or by registrar) Address 7401 Belair Rd. Registrar	23. SIGNATURE a Cel Thomas M. D. or other M. D. or other M. D. or other Date signed (2) 11 6/47		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(1881)1 Reg. Dist. No. 34

1. PLACE OF DEATH: Balto.			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Upperco (If outside city or town limits, write RURAL end give nearest town)			State Md.	County Balto.	
(If outside city or town limits, write RURAL end give nearest town) Now long in above place of death?			City or fown Upperco	nits, write RURAL and give us	***************************************
Moopital, Institution, or	r street address where	death occurred:			
			Street No(1f rurai, g	ive LOCATION)	************************
Now long in hospital o	r Institution?	***************************************	2.(a) It veteran, name war		************************
3. (a) FULL NAM	e Sar	ah Frances Geist		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Female	White	Midowed	20. DATE DE DEATH October	30 47	.6:40P.
		E. Geist yearo	21. I CERTIFY that death occurred on the date 7-5-147	above stated; that I attended dec	eased from O-147
7. Birth date of deceased (mo., day,	NOV.	,1861	and that I last saw h.Q.Tslive en		
8. AGE: Years 85		Dayo If less than one day 26	Congestive Bronc	ho Pneumonia	2 days
9. Birthplace Balto.Co.a (Town, county, and state)			Oue to Cerebral Hemo	rrhage	58 days
10. Usual occupation	None	***************************************	Due 10		************************
11. Industry or busines			Put IV		************************
12. Name	illiam Al	cehurst	Other conditions		***
13. Birthplaco	England		(Include pregnancy within	07 000 000 000 000 000 000 000 000 000	
14. Malden name.	Ann Hoo Md.	k	Major findings of operations	***************************************	***************************************
		ist	A Oly L		
	isterstor		Antopsy results. PHYSICIAN: Please underline the cause to		
17. Buri	al		22. VIOLENCE: If death was due to external decident, suicide, or homicide	Date of	
Location Balto.Co.			Injured at home, farm, Industry, public place Means of Injury	(where?)	80 0 0 80 PT 0 0 80 0 80 0 8 0 8 0 8 0 8 0 0 0 0 0
		ne & Sons			
Addreso Rei	sterstown	n, Md.	23. SIGNATURE D. D.	Egalen V.	2.
19. Nov.	19.3+7.	Cycle. Fowthe MA	Address Reisterstown	S M. D. Nate cloned	or other //-9-147

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Physicians:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If ontside city or towe limits, write RURAL and give nearest town) (If outside city or town-limits, write RURAL and give nearest town) How long le above place of death?..... Hospital, Institution, or street address where death occurred; (If rural, give LOCATION) How long in hospital or institution? 2.(a) It veteran, same war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION action T. Rirth date of deceased (mo., day, yr.) DURATION Immediate cause of death Years It less than one day 8. AGE: 9. Birthplace... 10. Usual occupation 11. Industry or business 13. Birthplace (lactude pregrancy within 8 months of death) 14. Maidee na 14. Maldee nam Major findings of operations PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following; (month) (day) (year) Accident, spicide, or homicide..... Where did injury occur? (City or town) (Coonty) injured at home, farm, industry, public place (where?) Means of Injury Injured at work?

Registrar

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied correct age is especially important. Physicians: please write the causes of death dearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

08803

CERTI	FICATE	OF	DEX	TL

Reg. Dist. No.

1. PLACE OF DEATH: Balts Co Jul	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Essert In	State manylund county Callo Color
(If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	City or town Ward No
Street address, nospital, or institution:	(If outside city or town limits, write RURAL NEAR and give town)
	Street No. 121 Murraide Moad
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)
Stay in this community (yrs., or mos., or days)	2(a) IF VETERAN, NAME WAR
3. (a) FULL NAME	3. (b) Social Security Number
Virginia E Gilliand	hone
4. Sex 5. Color or face 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temple White Williams	20. DATE DF DEATH Oct 2/ 1947, at 4A M
6 (b) Name of husband or wife Scotte Gulliand	
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attemded deceased from
6(c) If elive, give ageyears	097 10 1947 10 09 2-1 1941,
7. Birth date of deceased (mo., day, yr.)	and that I last saw harmaliya pn
8. AGE: Years Months Days If less than one day	Immediate care of death Soundary DURATION
8 st	Musmbersis O sedden
0 Thrs,min.	A
9. Birthplace Unagunu	Due to arteurs - Silenotic
(Town, county, and state)	Ourder-Vuscular dision 2 yes
10. Usual occupation	Due to
11. Industry or business	840 (0
12. Name math Lenk	
12. Name	Other conditions
M A O I H A	(Include pregnancy within 8 months of death)
E 14. Malden name Luzalith Luzalith	Major Undlings: PHYSICIAN
\$ 15. Birthplace	Of operations
16. Interment Jours Bussie In Sukes	death should be charged statisti-
R. 1001	Ot autopsy cally.
Address 121 / werside Tood.	22 MOURNEY March and a land and a second and
17. Date thereof 10-21-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide Date of
Cemetery or crematory — — — — — — — — — — — — — — — — — — —	Where did Injury occur? (City or town) (County) (State)
Location andrew Vinginace	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director difference of the state	Of a minimum at work;
Address 1606 h Chester St.	La. M Burnella
(1) ble 21 40 VIO X	23. SIGNATURE M. D. or other
19. (Date rec's) by registrar	Address Bults 6 Bate elegad 10-24-47

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08804

leg.	Dist	No.	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Carney 9303 Harford Coas	(For newborn infants give residence of mother)
Charlen Baltimen Mel.	State Man County Carrier
(If outside city or town limits, write RURAL and give meatest town)	City or town Baltimar.
How long in above place of death?	(If outside city or town limits, write RMAL and give nearest town)
Hospital, institution, or street addrese where death occurred:	and a 9303 The Sand Road
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Co M Coi Al	212-22-1599
george ", gunath	
4. Sex 6. Color or race 6. (a) Single Married, widowed, or divorced	MEDICAL CERTIFICATION
Meeto With maniel	20, DATE OF DEATH Refore 26, 47, 200 A.
The allowed parties	20, DATE OF DEATH 19 19 2V
8.(b) Name of husband or wife Cecelia a. Grimath	21. I CERTIFY that death occurred on the date above stated; that I attended deceaced from
6.(0) Name of husband of wife	July 10 1047, 10 act, 46 10 4;
6.(c) tf alive, give age years	and that I last saw he trailive on a cx 55 18 X 5
7. Birth date of 8 1884	
deceased (mo., day, yr.) December 8, 1897	Immediate cause of death
8. AGE: Years Monthe Days If less than one day	Coronary Momboses
62 /0 /8hrsmin.	
n of ' my	
8. Birthplace Dulling.	Due to
(Town, county, and state)	
1D. Usual occupation. Ozoker	Due to
	DUE 10
11, industry or business	
12. Name John Junalf	Dther conditions
12. Name John Granath 13. Birtholace Balting Mrd.	
	(Include pregnancy within 3 months of death)
14. Maiden name Lussie Eulea 15. Birthpiace Baltimae. Md.	Major findings of operations
S 15 Richarges Baltimore, Md.	
Loss Birthplace Value O. A. A. A.	Date of op.
18, Informant/his: Cetelia a. Grunall	Autupsy results.
anno That I know	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Address 9303 January 0000	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bural Date thereof 10 29 41	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Parkwood Cemetery	Where did injury occur?
Location Jaylor Cliff	Injured at home, farm, industry, public place (where?)
Through y Blight	Means of injury Injured at work?
18. Funeral director	
Address 6009 Harford Road	Tarri Alvarias
	23. SIGNATURE ALCO
(let 29 , 47 a W. Idestrick	M. D. or other
(Date rec'd by registrar) Registrar	Address // 6. Chase on Date signed (2)

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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08805

CERTIFICATE OF DEATH

20		1 2	
Reg.	Diat.	No. 30	

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF	F DECEASED:						
CountyBaltimore											
City or town	Caton	sville		State Maryland Cour	nly						
City or town		Cily or town. (If outside city or town limits, write RURAL and give nearest town) Street No. Bay View Hospital									
					obt rug of	rove state	uospr	cal	(If rural, give LOCATION)		
							ears,	4 months, 12 days	2.(a) If veleran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number					
	Mary H				p						
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	7 7					
female	white		widowed	2D. DATE DF DEATH October 4	1947	6:55 a.					
6 (h) Name of husband	or wite unk	Micha	rel Kanlon	21. I CERTIFY that death occurred on the date about	ve stated; that I attended dece	eased from					
				May 22	15 to October	r 4 19 47					
7. Birth date of		Б.	(c) If alive, give ageyears	and that f last saw h. er alive on Octo	ober 4	194.7					
deceased (mo., day,				Immediate cause of death		DURATION					
8. AGE: Years	Months	Days	If less than one day	Myocardial insuffic							
79	9		hrsmin.	The state of the s	**************************************						
9. Birthplace		Due to Generalized arter	insclerosis	Indef.							
		Due to									
18 Heural necunation	seamstre	ess		***************************************	***************************************						
			•	Due fo							
11. Industry or busines											
当 12. Name	Richard Mo	oney		Di her conditions	***************************************	* **********************					
12. Name	Ireland										
	Manna Carit	1-		(Include pregnancy within 3 m	nonths of death)						
				Major findings of operations							
₹ 15. Birfhpiace	Maryland				Date of op						
16 Interment	iospital Re	corde		Autopsy results							
	*			PHYSICIAN: Please underline the cause to wh							
	Catonsvill	e 28,	Md.	22. VIOLENCE: tf death was due to external caus	ses fill in the following:						
17 /3a	rial	Date the	reol (month) (day) (year)								
(Burial, cremation	or removal. Which?	/ "		Accident, suicide, or homicide							
Cemetery or cremetery St. Ucneen/s		Where did Injury occur?(City or town)	(County)	(State)							
Landing	Ba	Qts.	Med.	Injured at home, farm, industry, public place (wh							
Location	11/2002	$\dot{\Box}$		Maans of injury	Injured at work?						
18. Funeral director	-	0	ok Juc.	maans of many	Injured at work?						
Address	1217 S	t. Par	il st	036-344	4						
10/1	, , ,	1	1 /0/- 1	23. SIGNATURE Idadore Tuer Catonsville	ck M.D.	or other					
19.	19 1/2	/]	v. rearies	Catonsville	28, Md. Dafe signed.	10/1./1.7					
(Date ree'd by re	gistrar)		D Registrar	Address	Dafe signed.	49/4/4/					

VS. A15

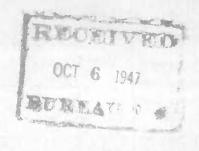
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08806

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Sizte
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? I.G. Months	City or town. If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Delight, (Old Church Rd)
Masonie Home Onleyville met	(Ifraral, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mis Ida Simpson Harting	
4. Sex (5. Color or race (6.(a) Single-married, widowed, or diversed.	MEDICAL CERTIFICATION
Frengle White Garried	20. DATE OF DEATH OCT. 4 19.47, 21.1/28P
B.(b) Name of husband or wife D. Chans Home. Harting	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Question (c) If alive, give age years	and that I last say h 42 alive on Oct. 4 19.47
7. Birth date of deceased (mo., day, yr.) 940416 - 1867	
8. AGE: Years Months Days It less than one day	Immediate cause of death
80 4 18hrsmin.	Carcinome of fift
9. Birthplace. Bultimore and state)	Due to Busent
the second	
10. Usual occupation.	Due to
11. Industry or business	
12. Name James Daniel Simpson	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name liga Melloun 15. Birthplace Bultimore Hul	Major findings of operations Care Community of July - 4.7
Land Va lalanda	
Address Masonia Home Corkerprill, My	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
10/1 10-11	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Comptery or crematory Letteden Parks	Michael Ald Column account
Location / Saltimore Ind.	Injured at home, farm, industry, public place (where?)
18. Funeral director Alma, Cork	Means of Injury Injured at work?
Address St. Paul & Printer St	23 SIGNATURE Halter J. Kees
19. Oct. 5 19. 47 R. M. Schwick Registrar	Address Cochegrille Md Date signed 10/4/47



MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

08867

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH. Balkimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (Egr newborn infants give residence of mother)	
County	State Maryland County But us	we
(If outside city or town limits, write RURAL and give nearest town)	11010	
How loag la above place of death?	. (If outside city or town limits, write RURAL and give no	earest town)
Hospital, lastitutioa, or street address whore death occurred:	Street Ho. J. 21 ledunalon ase	
The state of the s	(If rural, give LOCATION)	
How long la hospital or lastitution?	2.(a) If vetera2, oams war	*****************************
3. (a) FULL NAME Lula Dale Harvey	3. (b) Social Security	Number
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White Widowed	20. DATE OF DEATH. Oct - 24 19 47	3 A.
6.(b) Name of husband or wifa	21. I CERTIFY that desth occurred on the date above stated; that Lattended dec	
@ (a) Mallus also are	Fek. 24 10.36, 10 Ref. :	24 19 47.
7. Birth date of	and that I last saw h. L.s alive oa	19.42-7
8. AGE: Years Months Bays If less than one day	Immediate casses death.	. DURATION
o. Add.	Cerebal hemorkage	00.
64 mia	·	000
8. Birthplacs (Yowo, county, and stote)	Due to Hyperleuxini	1194.
200		
	Due to	***
11. Industry or business Jesus 1		***
12. Namo e sugar of Belekened.	Diher coadilloss allenoice exose	1. yes
	(Include pregnancy within 3 months of death)	N
14. Maidea aame Katuarpul Teriffer 15. Birthplaco Mandeund		
15. Birthplaco Mary Courd !!	Major findings of operations.	
2 10 /16 . 500/0	Date of op.	******************************
18. latermaat	PHYSICIAN: Please underline the cause to which death should be charged	
Address / / Cohundadon / are	22. VIOLENCE: If death was due to external causes, fill la the following;	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accideat, suicide, or homicide	
Thead out		
Cemetery or crematory	Where did lajury occur?(City or town) (County)	(State)
Location 7044 sustate 00-	Injured at home, farm, ladustry, public place (where?)	
18. Fuarral director Law. S. macrayle	Meaas of Injury Injured at work?	
Address O'reduce Colondo Bre. Cotonsville	23. SIGNATURE / M. Genney.	24.00.
10 11 7 147 10 "CUMBER WAR	M. D.	or other
(Dato rec'd by registrar) Registrar	Address Mummell 70 Mg Date stened	def. 35.8

THE WAR THE TOTAL CONTROL OF A T HEAD BOOK TANK THE SECOND THE RESIDENCE OF THE PARTY OF THE PARTY. TEACH HERLING SOME ADMILL the second secon secure of the Assessment of I FI Chown FIRMAR SUCKED IN

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: County Baltimore				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
				State Maryland cou	atv	
City or fown. Fort Howard (If outside city or town limits, write RURAL and give nearest town)		City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)				
				(If outside city or town limits	, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:		Street No. Krause Hotel Can	den & Eutaw St	8.		
Vets. Ad	lm. Hosp.	Ft. Ho	ward, Maryland	(1f rural, give	LOCATION)	
How long in hospital or	r institution?3	4 days		2.(a) If veteran, name war	<u>/</u>	
3. (a) FULL NAM					3. (b) Social Security N	Inmhas
						Idmpet
	PH W. HATS	CH			Unknown	
4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Max	rried	20. DATE OF DEATH October 5	19.4.7	11:05 F
	Flor	ance He	atsch	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended decease	sed from
6.(b) Name of husband	or wife	D.M.Y.DIK	1.5.8.611	August 2	47 to October	5 19 47
9 8: 15 3-1			(c) If alive, give age 35years	and that I last saw h im alive on Octo		
deceased (mo., day,)	yr.) 8/30/0	9		Immediate cause of death		OURATION
8. AGE: Years		Days	If less than one day	Severe pulmonary e		
38	1	5	hrs min.	Sevie of the source of the sevie of the sevi		KI MIB.
		linaia		Oue to Unknown		***************************************
9. Birthplace	(Town	, county, and	state)	ORC 10Antannaria		***************************************
10. Usual occupation	Unempley	ed				
				Due to		
11. Industry or busines						***************************************
				Other conditions		
	ill County			(Include pregnancy within 3 a	months of death)	
SA Maiden name	Elizabeth	Zeigl	emeir s Vets. Adm. Hosp.			
10	(1) d		OMO 2.2	Major fiudiass of operations		
≥ 15. Birthplace	Unicago,	LILINGI	8			
16. Informant C1	inical Rec	ords	Vets. Adm. Hosp.	Autopsy results Substantiate	d above.	
	t Howard.			PHYStCIAN: Please underline the cause to w	hich death should he charged s	tatistically.
			01 101 1101	22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
17. Burial eremation	or removal. Which	Date the	reof (month) (day) (year)	Accident, suicide, or homicide	Date of	
			tional Cemetery	Where did Injury occur?(City or town)	(County)	(State)
t II	Baltin	ore. M	d.	injured at home, farm, industry, public place (w		
Location	W	יייייליייייייייייייייייייייייייייייייי	+ Thousand I Blists	Means of Injury	injured at work?	
18. Funeral director	HOWAIC	DIIgh	t Havrey M. Bligh	1	50	
Address	4914 Be	elair R	d., Balto., Md.	France	6	1.
10/6	45	A	w No lai-0	23. SIGNATUR GEORGE E. SNIDE	R. M.D. ACH.D.G	LIN. DIR
19. Of (Date ree'd by re	gistrar)		Registrar	Address V.A.H.FT. HOWARD,		

9-45-15N

VS A15

The

BALTIMORE CITY	HEALTH	DEPARTMENT
CERTIFICA	TE OF	DEATH

Registered No. 40

Date signed

OEKIII ICAI	DOOD NOOD	114	
1. PLACE OF DEATH: (a) Baltimore City, Maryland My Lb Coff (b) Street address	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County Ballings (c) City or town Note & Cliff was Town (If outside city or town limits, write RURAL as		
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(d) Street No	(Yes or No	
3 (a) FULL NAME Sy. Mary Hugo Hauger 3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION		
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. Single	20. DATE OF DEATH Oct. 23 1947, at 2.15 A. A. D. 21. I certify that death occurred on the date above stated; that lattended deceased from April 14 1947, to Oct. 23 1947		
6 (b) Name of husband or wife	Immediate cause of death	Duration	
8. AGE: Years Months Days If less than one day 80 — 23	Due to	***************************************	
9. Birthplace New York City (Town, county, and state) 10. Usual Occupation Teacher	Due to	***************************************	
11. Industry or business 12. Name aloy si us Itauger 13. Birthplace Bavaria	Date of operation	PHYSICIAN Underline th	
14. Maiden Name Mag dalen Bitriol 15. Birthplace Tyrol	Major findings of operation:	use to which ath should be parged statis	
(b) Address Nobel Cliff, W.d.	22. If death was due to external causes, fill in the follow (a) Accident, suicide, or homicide		
(c) Cemetery or crematory (b) Date thereof () (1) (day) (year) (c) Cemetery or crematory () (day) (year)	(c) Where did injury occur? (City or town) (County) (d) Did injury occur about home, on farm, industrial place place? (Specify type of place)	(State) ce, in public	
(b) Address (b) Address (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(Specify type of place) (c) Means of injury 23. Signature Address. Date signed	M D.	

VS 150

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08810 Reg. Dist. No. 238

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
County BALUMOTE City or town TOWS On Le Maryland (If outside city or town limits, write RURAL and give nearest town)	State Mesylund county Baltiman sity
(If outside city or to the limits, write RURAL and give nearest town) How long in above place of death?	(if outside city, or town limits, write RURAL and give nearest town)
How long in above place of death?	5/26 US. F. J. 1 61.
Eudowood Sanatoriym, Towson 4, Md.	Street No
How long in hospital or institution? Lawy Mark 30,1947	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Linis Kyle Klick	705-07-2281
4. Sex 5. Color or pace (6.(α) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
man while Widawid	20. DATE OF DEATH OCTABUT 4 1847, at 9:45- A M
8, (b) Name of husband or wife Mary Fibnes Value of the	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
6.(c) If alive, give age years	august 30 1047 jo Cetabus 6 1047
7. Birth date of () [and that I last saw h Jass. alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
70 // 21min.	Fulmusary Well Sulation !
Vincinia	Due to. Since
9. Birthplace	about
10. Usual occupation. A. A. Lingistella.	Due to
11. Industry or business	1947
12. Name Daniel Nussun Heck	Other conditions
13. Birthplace fragming	(Include pregnancy within 3 months of death)
14. Maiden name Mushby Half	Major fiedings of operations
\$ 15. Birthplace lineway	Date of op.
Personal History - Hospital Records	Autopsy results
Address Eudowood Sanatorium, Towson 4. Md.	PHYSICIAN: Please underline the caose to which death should be charged statistically.
(9mil 20/9/11	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereof (man) (year)	Accident, suicide, or homicide
Cemetery or crematory of Deland Deland	Where did injury occur?
Location Fally graph of Alle	Injured at home, tarm, industry, public place (where?)
18. Funeral director Males M. Stock Stock	Mesns of injury Injured at work?
1110142017	6612.0
Address Of Color	23. SIGNATURE M, D. or other;
19. (Date rec'd by registrar) Registrar	Address Towson L. Maryland Bate signed 10-6-47

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 460

CERTIFICATE OF DEATH

Reg. Diat. No....

I. PLACE OF DEATH: County 34 LTO	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cily or 10wn	State. M.O. County 13ALT	***********************
(If outside city or town limits, write RURAL and give neurest town) How long in above place of death?	City or town	ment town
Hospital, Institution, or street address where death occurred:	Street No. 12 JTMAPLE AYE	est town)
	(If rural, give LOCATION)	******************************
How long in hospital or institution?	2.(a) It veteran, name war	***************************************
FRANK - E. HERING	3. (b) Social Security I	lumber
4. Sex 5. Color or race 6. (a) Slogic, married, widowed, or divorced VI O O WER	MEDICAL CERTIFICATION 20. DATE OF DEATH 0 3 1 1947	14° A. M
B.(b) Name of Nusband or wife. DECIASEL	21. I CERTIFY that death occurred on the date above stated; that I attended decear	sed trom
7. Birth dale of VOV 7 - 1 5 1 9	and that I last saw h alive on OUT 20	19 47
deceased (mo., day, yr.) / Y / S / S / AGE: Years Months Days It less than one day	Immediate cause of death	DURATION
87 11 24hrs	. 72	6 has
9. Birthplace (Town, county, and state)	Due to. Carrier of olsophys	1440
10. Usual occupation. IZETIRED	Due to	
11. Industry or business		***************************************
12. Name NOT KNOWN SERMANY	Dther conditions	***************************************
	(Include pregnancy within 3 months of death)	
14. Maiden name NOT / NOVAN 15. Birthplace GERMANY	Major findings of uperations.	

16. Intermant MRS. M. DAUGHABAY	Antopsy results	***************************************
Address 1255 MAPLE AVE.	PHYSICIAN: Please nuderline the cause tu which death should be charged at	latistically.
17 TOURIAL Date thereot 1/- 3-47 (Burlal, cremetion, or removal, Which?) (Burlal, cremetion, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
(Burlal, cremetion, or removal, Which?) Cemetery or crematory. LOUDON PK CEMETERY	Where did lakery accur?	
TOEN DUE	(City or town) (County)	(State)
Location 18. Funeral director GEO-H. LEIMBACH	Means of Injury Injured at work?	
Address 525 N. LYNDHURST ST	23. SIGNATURE nathan Raevan	
18. (Data cc'd by registrar) 18 47 Helly Ledrick	Address 206 S. Gilma U. Date signed .	1-1.47

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

e l	08	38	1:	3	111	
Reg.	Diat.	No.			7-1	

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County City or town Baltimore. (If outside city or town limits, write RURAL and give nearest town) Street No. 3314. Beverly Road (If rural, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 065-03-7883
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced male white married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. October 14 19 47 at 3:00P M
6.(b) Name of husband or wife Catherine V. Hodge 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24. 19. 47. to October 14. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 24. 19. 47. 2nd that I last saw h im allive on October 14. 19. 47. Immediata cause of death BRONCHOGENIC DURATION CARCINOMA WITH GENERALIZED METASTASES 6 Mos.
9. BirthplaceFlorida 10. Usual occupationTelegraph operator 11. Industry or business 12. NameEdwin. Hodge 13. BirthplaceFlorida	Due to
14. Malden name Mattie Buckley Florida	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Interment Clinical Records, Vets.Adm. Hosp. Address Fort Howard, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Long Island National Cemetery	Autopsy results
Barmingdale, N.Y. 18. Funeral director. Howard Blight Howard M.Blyft Address 4914 Belair Road Baltimore, Md. 19. (Date ree'd by registrar) 19. (Date ree'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE CHARLES E. SHEW, M. D. or 105/14/47 Address. Date signed

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1)	(0	4	11
U	0	0	1	3-

Reg. Diat. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Md. County Balto.		
City or town						
How long in above place	ce of death?			City or town Phoenix (If outside city or town limits, write RURAL and give nesrest town)		
Hospital, Institution, o	or street address where	death occurred	l:	Street No. Merryman Hill Rd.		
Me	erryman Hil	1 Rd.	***************************************	(If rural, give LOCATION)		
How long in hospital	or Institution?		== ===================================	2.(a) If reteran, name war		
3. (a) FULL NAM	AE.		4400	3. (b) Social Security Number		
0.()		M	ILLIAM HENIC HODGE	3. (b) Buchat Becarity Namuel		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
male	white	100	widower			
	***************************************		W140W01	20. DATE OF DEATH OCTOBER 2 1947 at 10:15		
6 (b) Name of husban	d or wife Mary	Blanch	e Hodge	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from		
				June 4, 1944 19 Oct. 2 1947		
7. Birth dale of			c) If alive, give ageyears	and that I last saw h alive on CCCC 2 19.4.		
deceased (mo., day		11, 1		Immediate cause of death DURAPION		
8. AGE: Yea	months Months	Days	It less than one day	Vienna 24 hrs		
78	3	21	hrsmin,	2		
a Piribainan Be	alto. Md.			Due Lacinoma of 3 yrs		
9. Diriiptace	(Town,	county, and	state)	1 Hodge		
1D. Usual occupation	Retired			Post de		
11. Industry or busine	- 224	-		Due 10		
		റർത്മ		Dther conditions		
	Balto.		······································			
			3	(Include pregnancy within 8 months of death)		
본 14. Malden nami	Atheli	nda Sc	nume ra	Major findings of eperatiess		
14. Malden nami	Balto	., Md.		Date of op.		
	Mrs. Edwa m	1 G. P.	ast, Jr.	Antensy results.		
16. Informant				PHYSICIAN: Please underline the cause to which death shentd he charged statistically.		
Address	Phoeni:			22. VIOLENCE: If death was due to external causes, fill in the following;		
17Bu	ırial	Date ther	eof	Accident, suicide, or homicide		
(Burial, cremntion, or removal. Which?) Date thereof. (month) (day) (year)						
Cemetery or crematoryLoudon. Park. Cem.				Where did injury occur?		
Location	Bal	to., Me	1.	Injured at home, farm, industry, public place (where?)		
			& SONS	Means of injury injured at work?		
18. Funeral director				T-D-DD 17/1.1.		
Address	Balto.	, Md,	1116.6	23 SCHALLER HOMO! HUASON, M. D.		
" (Vot	2 19 45) (1	In Head her lave	M. D. or other		
19.	19		Ragistrar	Address Total May Bate signed 15/4		

VS A15

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frem	son	fil	ne d	g113
11-5-	47	LL		

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08814 Reg. Dist. No. 38

1. PLACE OF DEATH County Ballemore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County County
How long to above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, tastitution, or street address where death occurred:	Street No. 107 E. Suspuelama Ave
	(If rural, gife LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME John Joseph Hoes	2 - La. 3. (b) Social Security Number
4. Sex Note 5. Cord and act (8.(4) Single married, Widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH
8 (b) Name of husband or wife Marie C	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
original and the second of the	10 10 10
7. Birth date of face	and that I last saw halive on
accesses (mu, as), jiii	Immediato cafee fi death
8. AGE: Years Months Days IT less than one day	Made Actes Counce Medical
Batting med	www.eroteasyreedissassassassassassassassassassassassassa
9. Birthplace(Town, county, and state)	Due to
10. Usual occupation.	Due to.
1t, Industry or business ACCOUNTANT	p
質 12. Hame	Other conditions Cold 3 was
12. Name 13. Birthplace 1	(Include pregnancy within 3 months of death)
14. Malden name	
14. Malden name	Major findings of operations
Mas fita N. Koigh	Autopsy results.
18. Informant 1990 3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8 103 Naven arive	22. VIOLENCE: If death was due to external causes, till in the tollowing:
(Burisi, cremation, or removal, Which?) Date thereot (month) (day) (year)	Date of
Cemetery or crematory Moseland Lank	Where did injury occur?
Location Bala a	Injured at home, farm, Industry, public place (where?)
demail Kuch	Means of Injury Injuryd at work?
Address 5305 Stanfard Rood-14	(Rolling Hander MX) DMF
I A a Do N a - a	23. SIGNATURE. M. D. of other
19. (Date ree'd by registrar) Registrar	Address Towson Mg Date signed 60/17/47

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

08815 Reg. Dist. No. ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nefthen infants give residence of mother) State
4. Set Solor or see 6.(a) Single married, widowed, or divorced	2D. DATE DE DEATH 2D. 10 - 19 47 2 1/2 1/200 1/2
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	rs and that I last saw h alive on 19
deceased (mo., day, yr.) // asca. 2/- 1879	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
Mrsmln	Morray William Jm,
9. Birthpiece	Due to
Gown, county that are)	
10, Usual occupation	Due to
11. Industry or business	
12. Name	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name America America 15. Birthplace M. J. Birthplace	Major findings of operations.
El 15. Birthplace	Daie of op.
16. Informant	Autopsy results
Address 44 Hawlina and	22. VIOLENCE: tf death was due to external causes, ffilm the following;
(Burial, cremation, or removal, Which?) Bate thereof. (mgnth) (day (year)	Accident, suicide, or homicide
Porkervol	Where did Injury occur?
Cemetery or crematory	
Location Control Contr	Injured at home, farm, industry, public place (where?) Means of injury injured at work?
18. Funeral directory	mounts of right?
Address 43 000 8. 180000 - 14	1 10 Davin Ind
10/12 "V> Helich	23. SIGNATURE News. Exam Saud D. for other
(Date rec's by registrar)	Address Date signed 1

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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No....

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	State 2004 County Ball
City or town	1 NI MA
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death/occurred:	Street No. J. D. M. L.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Stadys Truel. Hot	finder
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t W married	20. DATE OF DEATH CC Types 30 19.47 at 5-P.M
6.(b) Name of husband a wife N. Bolly Forfulare	21. I CERTIFY that death occurred on the date above stated; that f attended deceased from
5. (e) If allive, give age 2 0 yeare	19 10 19
7. Birth date of deceased (mo., day, yr.) March 10, 1900	and fhaf I last saw h alive on
8. AGE: Years Months Days If less than one day	Summer ating gas Possering - Sureid 10/30/47.
47 7 20hrsmin.	
Fosistan Balla Co. Myl	Que to.
9. Birthplace (Town, county, and stage)	
1D. Usual occupation A. C.	Due to
11. Industry or businese ACCCCC	
12. Nama	Other conditions
13. Birthpiace Da Cour. Co. 1660	(Include pregnancy within 3 months of death)
14. Maiden name MANACO AND ALLES SITHAPIACE BOLLONGO AND	Major findings of operations
9 15. Birthplace Ballo, Co. Inc.	Date of op.
16. Informan DI BOSCOL AT OF BUILDE	Antopsy results
Address 40311, Pense are Jourson	
17 Burial Date thereof 11-1-19417	22. VIOLENCE: If death was due to external causes, all in the following: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did lawy occur? Towan Baltimere les
Cemetery or crematory	(City or town) (County) (State)
Location Other States	Injured at home farm, industry, public place (where?)
18. Funeral director 1	Meane of injury Har porsoning - Success privated at work?
Address / 21 alle ala ment to 4: Topiter	Sollin G. Androy M.D. D.M.E.
10 et 21 un HV Met Dall out Ho	M. D. or other
19. (Date model by projector)	Address Towson Wd Date signed 10/30/47

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PLEASE WRITE PLA

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1310

08816

CERTIFICATE OF DEATH

Reg. Dist. No.

		Reg. Disc. No	3
1. PLACE OF DEATH: County Baltimore		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	20
Catanarilla		State Baltimore County Maryland	
(If outside elty or town limits, write RURAL and give nearest town) How long in above place of death? 15 years, 10 months, 11 days Hospital, Institution, or street address where death occurred:		City or town Baltimore (If outside city or town limits, write RURAL and give ness Street No. 3,328 Hudson Street	irest town)
Spring Grove State Hospital		(If rural, give LOCATION)	
How long in hospital or institution?15years,10	months, 11 day	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security	Number
Florida Hornberge	er	Mohe	0
4. Sex 5. Color or race 6.(a) Single, marrie	d, widowed, or divorced	MEDICAL CERTIFICATION	
female white si	ngle		
2000000 111200 5	11516	20. DATE DF DEATH October 1 19 47	
6.(b) Name of husband or wife	***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended dece	
	e, give ageyears	November 20 19 31 10 October	
7. Birth date of deceased (mo., day, yr.)		and that I last saw h.eralive on October 1	
	ss than one day	Immediata cause of death	
23 0 0	hrs min.	Cellulitis of right leg	8 days
		Myocardial insufficiency	10 days
9. 6irthplace Harford County, Ma (Town, county, and state)	ryland	Due to Pyelitis	7 days
		Arteriosclerotic cardiovascular	
10. Usuat occupation. None		Due to renal disease -	years
11. industry or business None			3
至 12. Name Lysander Hornberge);?	Dther conditions	
13. Birthplace Maryland		1	
-4		(Include pregnancy within 3 months of death)	
14. Maiden nameAnnie Kyle	***************************************	Major findings of operations.	
E 15. Birthplace Maryland			
16. Informant Hospital records		Autopsy results	
		PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Catonsville-28, Ma		22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or perioval, Which?)	Amonth (day) (year)	Accident, suicide, or homicide	
Cemetery or cremators Supper Tights		Where did injury occur?	(State)
Location (MSSM) Ffalls		Injured at home, farm, Industry, public place (where?)	
- Milliam Jol X fall		Meens of injury Injured at work?	
18. Funeral director	1	Soudan Fresh	
	ech 11 11	23. SIGNATURE Isadore Tuerk, M.D.	
19. (Dato rec'd by registrar)	Registrar	Address Catonsville-28, Md. Date signed	10-1-17

ect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

Reg Diet No. 3

CEDTIFICATE OF DEATH

	CERTIFICA	TE OF DEATH Reg. Diet. No.		
How long in above place of death?	limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md County City City or town. Baltimore (If outside city or town limits, write RURAL and give nearest town) SIMPLING. IGIS HOLD TOOK Street (If rural, give LOCATION) 2.(a) If veteran, name war. NO.100 3. (b) Social Security Number No.110		
4. Sex 5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White	Single	20. DATE OF DEATH. October IOth., 1947		
8. AGE: Years Months	er 12th., 1866	21. LERTIFY that death occurred on the date above stated; that lattended deceased from 19		
9. Birthplace Baltimore, (Tow	Md.	Due to		
		Dug Jo		
14.	wick Jenkins re, County	Other conditions See See See		
Hartha	Jennings	(Include pregnancy within 8 months of death)		
	ore, Md.	Major findings of operations		
16. Informant Miss. Gert	ook Street	Antopsy results. PHYSICIAN: Flease anderline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal. Which Cemetery or crematory Parkwood	d Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Taylor Aver	ue, Balto: Co	tnjured at homo, farm, industry, public placo (where?)		
Address 1735 Harfo	rd Avenue	23. SIGNATURE Wm. H. P. of other Address & H. D. 2 & Lange Bate Street 10-10-17.		

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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Reg. Dist. No......

CERTIFICATE OF DEATH

1. PLACE OF DEATH: (Da (to.)		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Clty or town		State Maryland Country Towson				
	e of death? r street address where		l:	City or town. (If outside city or town limits. 4 Maryland (If rural, give I	Avenue LOCATION)	*********************
How long in hospital o	or Institution?		······································	2.(a) It veleran, name war	***************************************	
3. (a) FULL NAM	IE	Mar	y Clara Jurney		3. (b) Social Security None	Number
4. Sex	5. Color or race		e, married, widowed, or divorced		RTIFICATION	
Female	White		Widow	2D. DATE DE DEATH CON 2 3	19	, at 11:30 A
			Jurnay) It alive, give age	19	7 10 (200 2)	3 10 / (
7. Birth date of deceased (mo., day,			26-1860	and that I last saw halive on	X 33,	
8. AGE: Year		Days	If less than one day	Immediai- cause of death	***************************************	DURATION
8	7 8	27	hrs,mln.	Corperary Q	column	1 wh.
	***************************************		and state)	Due to. S. A. L. C. Due to. S. A. L. C.	eris zuin –	tud
置 t2. Name				Dther conditions		
	Susan	na ?	?	(Include pregnancy within 3 m		
254 -	Mary	Turner	(doughton)			
Address 4 Maryland Avenue, Towson				Antopsy results	ich death should he charged	statistically.
17 Burial Date thereof Oct-25-17 (month) (day) (year)			ect Oct-25-17 (month) (day) (year)	22. VtOLENCE: If death was due to external cause Accident, suicide, or homicide		*********
Cemetery or crematory			, ,	Where did injury occur?(City or town)	(County)	(State)
			Maryland	Injured at home, farm, industry, public place (wh	ere?)	
t8. Funeral director	Stewart &	Mowen	Company	Means of Injury	tnjured at work?	
Address 108 W. North Avenue, Balto. Md.				23. SIGNATURE	lys	M.R.
19. (Date rec'd by Aggistrar) 19. (Date rec'd by Aggistrar)			U 19 Marie Registrar	Address Farralus 4	Date signed.	10/24/4

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08819

CERTIFICATE OF DEATH

1. PLACE OF OPATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lothers give residence of mother)
County Star DM	State Maryland County Gallings
City or town	
How long in above place of death?	(Il butside city or town limits, write RURAL and give nearest town)
Dospital, Matteriori, of affect admiss where accurred	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
taulme Jany -	
4. Sez 5. Color or race 8.(a) Single, married, widefed, or divorced	MEDICAL CERTIFICATION
- White names	20. DATE OF DEATH.
8, (b) Name of husband or wife I rank Cary -	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	grane 197 10 Clours of
7. Birth date of deceased (mo., day, yr.)	
8. AGE: Years Months Days If less than one day	Immediate cause of death
72 m	in. Carcinomi y nelson 6 mo
9. Birthpiace	Due to.
(Town, county, and erate)	
10. Usual occopation.	Due to
11. industry or business	
12. Rame Thillip Jaux -	Other cooditions
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
₹ 15. Birthplace	Date of op.
16, toformant Mas mary Barta	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1153 & Prickey & Cleveland	O. VIOLENCE: If death was due to external causes, fill in the following;
Bate thereof Oct 15, 1944 (Burlal, cremation, or removal, Which)	Accident, suicide, or homicide.
(Dahlana)	Where did lojury occur?
Cemetery or crematory	(City or town) (Coanty) (State)
Location COLUMN TO T	Means of injury Injured at work?
18. Funeral director	
Address 2/12 Lundalk ave.	23. SIGNATURE AND TONGS M.D.
13. 101,41470 MMlassone	M, D. or other
(Date rec'd by registrar) Registr	Address MAN Signed DII 3 / S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Ave. Dist. 110	
1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	State Maryland County	
(If outside city or town limits, write RURAL and give nearest town)	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 2 yrs., 2 mos., 24 days. Hospital, institution, or street address where death occurred: Mt.Wilson	(If outside city or town limits, write RURAL and give nearest town) Street No. 2115 Cliftwood Ave., Balto., Md.	
Branch. Md.T.B. Sanatorium	Street No. CLIL OUT ON OUT TO STREET OF STREET	
How long In hospital or Institution? 2 yrs 2 mos 24 days	2.(a) if veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Mr. David B. Keefer	212-01-7125	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2D. DATE DF DEATH October 20, 19 47 at 1:40 A	
6.(b) Name of husband or wife Margaret Keefer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age 34years	July 26, 19 45, 10 Oct. 20, 19 47	
7. Birth date of deceased (mo., day, yr.) December 23, 1908	and that I last saw h. Lillalive on	
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis 4 yrs.	
38 9 27hrsmin.	1 00110101	
9. Birthplace Baltimore, Maryland (Town, county, and state)	Due to Tubercle Bacilli	
(Town, county, and state) 1D. Usual occupation		
	Due to	
11. Industry or business	Tubonovilous Tomoraitie	
12. Name Samuel Keefer 13. Birthplace Baltimore, Maryland	Other conditions Tuberculous Laryngitis 6 mos.	
	(Include pregnancy within 3 months of death)	
14. Maiden name Helen Hummel 15. Birthplace Baltimore, Maryland	Major findings of operations No operation	
	Date of op.	
16. Informant David B. Keefer	Autopsy results No autopsy PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Address2115 Cliftwood Ave., Balto., Md.		
Burial Date thereot Oct 22, 1947 (Burial, cremation, or removal. Which?) (month) (day) (year)	22. VIOLENCE: tt death was due to external causes, till in the tollowing; Accident, suicide, or homicide	
	- II	
Cemetery or crematoryMorelandMemorialCem.	Where did injury occur? (City or town) (County) (State)	
Location 5806 Harford Rd., Balto., Md.	Injured at home, farm, industry, public place (where?)	
18. Funeral director Dipple Bros.	Means of Injury Injured at work?	
Address 7110 Belair Rd., Balto., Md.	Mayor & Shapler, mis	
6 177111	23. SIGNATURE	
19. Oct. 20. 19 47 Carx I. World Registrar	Address Mount Wilson, Md. Date signed 10/20/47	
11 21 10 22 47-	Na? Wiekola mw	

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RIDORI V RID OCT 23 1947

A STATE OF STREET

CEDTICICATE OF DEATH

CERTIFICA	Reg. Diat. No.
1. PLACE OF DERVH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rown in fants give residence of mother) State
How long in hospital or Institution?	2.(d) It veteran, name war
3. (a) FULL NAME 5. Calor of jecon 6.(a) Syngly, married, widowed, or diyey led	Ann 3. (b) Social Security Number
5. Calor of 160 Market Market	20. DATE DE DEATH OF 22 1947 at 9:45
6.(b) Name of husband or wife 6.(c) If alive, give age year	21. I CERTIFY that death occurred on the date above stated: that Lattended receased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and that I last saw h lalive on 19.4. Immediate chart of death Duration
103 / 29min	missium obstruction 3 las
9. Birthplace (Town, county, and state) 10. Usual occupation LAA (LaA)	Due to Cler Clev - large bavel ?
11. Industry or Puylness 12. Name	Dither conditions Varausia delizophinia ?
14. Maiden name 1111 anohygy	(Include pregnancy within 3 months of death) Major findings of operations. Autel Large Course
16. Intermant Mysty Seephynes had	Autopsy results
Address Date thereof Day (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
Cemetery or Grematory TAMMING Location Taylory C	Where did injury occur?
18. Funeral director	Meens of Injury Injured at work?
Addjass 19. Ch., 23. 19. 47. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch	23. SIGNATURE M. D. or other M. D. o

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecutive is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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-1	10	0

08824

Resterstantes, Madoale eigned 10-7

			CERTIFICA	TE OF DEATH	Reg. Dist. No.	33
How long in above place Hospital, institution, or	sterstow sutside city or town li of death? 24 etreet addreee where	Yrs death occurred		Sireet Ne. 27 Aldytl	ME) OF DECEASED: stdence of mother) Balto. stown stown town limits, write RURAL and give	nearest town)
	R		mily Kelley		5. (0) 500.21 500.21	ny namoti
4. Sex Female	5. Color or race White		married, widowed, or divorced	MEDIC	CAL CERTIFICATION	7 . K: ¥6 A .
	n.) Oct.15	6. (c	Kelly) If alive, give ageyea			1947 1947
8. AGE: 18418 . 69	11	22	hrsml	n. Gerebral	Hemorrhag	e 6da
10. Usual occupation 11. Industry or bueines 12. Name Ju. 13. Birthplace	Housewif ison C.Me Balto.Cc. Maria J	ttam	*	Due to	stig Exedicate within 8 months of death)	50 gra?
	izabeth E sterstown			Aatopsy results	anse to which death should be charg	ed statistically.
17. Buria. (Burial, cremation Cemetery or cremato Lecation Ba.	or removal. Which?) "Druid H	Date there	(month) (day) (year)	22. V10LENCE: If death was due to e Accident, suicide, er hemicide	Data of	(State)
	J.F.Eline sterstown					
0 1	7- 10 47	Me	ry B. Eline	23. SIGNATURE D. D. Address Restur	town Models eigner	D. or other ed 10-7-47

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Ballimore MARY LAND County town limits, write RURAL and give nearest town Hospital, institution, or street address where death occurred: 412+ WILKENIS OPITE NURSING (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number KESTING MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that | attended deceased from 00 .6.(c) It alive, give ageyears NOV. 28, 18 'deceased (mo., day, yr.) DURATION Years 8. AGE: ETIRED 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden na 15. Birthplace CHRISTINE Major findings of operations LOUISE PLASSIL PHYSICIAN: Plesse underline the cause to which death should he charged statistically. 4128 WILKENS 22. VIOLENCE: It death was due to external causes, fill in the tollowing OcT. 27/947 (month) (day) (year) Accident, suicide, or homicide..... (Burial, cremation, or removal, Which?) WESTERN Where did Injury occur? (State) (City or town) (County) EDMONDSON AVE - CONGWOOD Injured at home, farm, Industry, public place (where?) Moens of Injury Injured at work? 23. SIGNATURE

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	c .		D	-0		,						
11	Eviden of	Rin	For	char	de p	MA	RYLAND	STATE	DEPA	RTMEN1	OF	HE.
X	fred &	000	~~ ,					2411 N. C	harles St	., Baltimo	re	
	FILM No.	G	1 1	3 NO	1-3	19/7	CER	TIFIC	ATE	OF D	EA	ГН

MARYLAND STATE DEPARTMENT OF HEALTH

04/	0882	1
100	-2-	1
Reg. Diat.	No.	5

- 1121101 0 1347	10g. Dinc. 110.
1. PLACE OF DEATH: County Baltimore Catonsville City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 years, 2 months, 22 days. Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 2 years, 2 months, 22 days.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Joseph A. Kreitz	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced male white separated	MEDICAL CERTIFICATION 20. DATE DF DEATH. October 22 19. 47 ,21 1:40 8,
6.(b) Name of husband or wife Edna Little 6.(c) If alive, give age 60 years 7. Birth date of deceased (mo., day, yr.) July 28, 18803	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30
8. AGE: Years Months Days tt less than one day 67 2 14 hrsmin.	Spontaneous pneumo-thorax 1 month
9. Birthplace Maryland (Town, county, and atate)	Due to pneumonia, left Broncho 5 weeks
to. Usual occupationplasterer	Bronchogenic Carcinoma ? Indef.
12. Name Andrew J. Kreitz 13. Birthplace Maryland	Other conditions
14. Malden name Annie Wynn 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Hospital Records Address Catonsville 28, Md.	Autopsy results. As above PHYSICIAN: Please underline the cause to which death should be charged statistically.
ti. Burial Bate thereof. (Burial, cromatory) Cemetery or crematory Cathedral	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Balto. Pul. 18. Funeral director William Cook Inc.	Injured at home, farm, industry, public place (where?)
Address 1217 St. Paul St. 19. Chate rec'd by registrar) Registrar	23. SIGNATURE Isadore Tuerk Catonsville 28, Md. M.D. or other Address Date signed 10/22/47.

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4. Sex

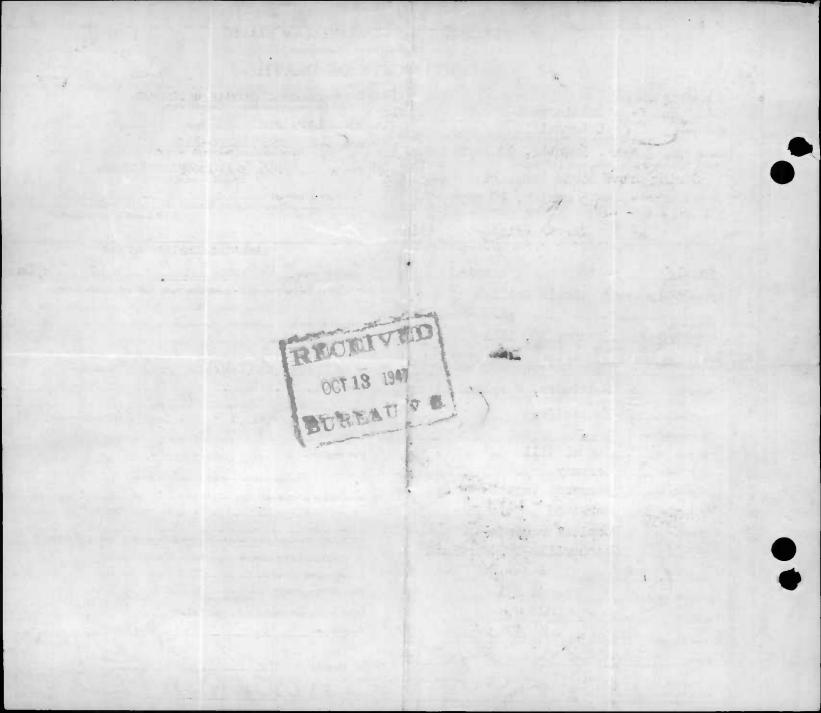
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.....

CERTIFICATE OF DEATH

					-	
1. PLACE OF DEA	D-7+4.	more		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			***************************************	State Maryland County		
City or town(If or	itside city or town li	mita, write R	URAL and give nearest town)			
How long in above place	ot death?5mo	nths,	20 days	City or town Bal timore-23 (1f outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or				Street No. 405 North Payson St.	reet	
Spring (rove Stat	e Hosp	ital	(If rural, give LOCATION)		
		onths,	20 days	2.(a) It veteran, name war		
3. (a) FULL NAME		esa El	izabeth Leilich	3. (b) Social	Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICAT	ION	
female	white		married	20. DATE OF DEATH. October 9	19	
6.(b) Name of husband	r wifeLo	uis Le	ilich	21. I CERTIFY that death occurred on the date above stated; that I a	tended deceased from	
		B (/	e) It alive, give age6.7	19, to	19	
7. Birth date ot			- oot	and that I last saw halive on	19	
deceased (mo., day, yr) Januar Months	y 16	LOOLS than one day	Immediate cause of death	DURATION	
8. AGE: Years						
63	8	24	hrs	all all tudias for	au	
9. Birthplace	Baltim (Town,	ore, M	aryland	Due to.		
1D. Usual occupation	Housew	ife		Due to Carder Vascular (lisease	
11. Industry or business	Home_					
12. Name	August	Will		Dther conditions		
13. Birthplace	German	Y		(Include pregnancy within 3 months of death)		
Maldan name	Margar	et. Vog	ts	(Include pregnancy within 3 months of death)		
6		_		Major findings of operations		
E 15. Birthplace	Maryla	na		Daie	of op	
16. Informant	Hospita	l-reco	rds	Antopsy results	he charged statistically.	
Address	Catonsy	ille-2	8, Maryland	22. VIOLENCE: tt dealh was due to external causes, till in the toll		
" Bux	ial	Date ther	eof (0-13-4) (month) (day) (year		ite ot	
(Burial, cremstion,	or removal, Which?)	Date then	month) (day) (year	Accident, saletee, or nowiered	118 01	
Cometery or cremator	y Cz	ttel	1-1	Where did injury occur?	ty) (State)	
	Balt	and the same	1	injured al home, farm, industry, public place (where?)	***************************************	
Location	g .	a .:	2.1.	Means of Injury Injured a	t work?	
1B. Funeral director	Felto	Suc,	+ Fattes	01 1 1	the sea of	
19. 00	13, 1,47	A	W. VEdric	23. SIGNATURE.	M. D. or other Della	
(Date record by rea	1041 01 1	-	/ / / /			



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08826

CERTIFICATE OF DEATH

Reg. Dist. No.

4. Sex 5. Golor or race 6.(a) Single, married, widowed, or diverced MEDICAL CERTIFIC Male W. hite Married 20. DATE DF DEATH Got 24th 21. I CERTIFY Late death occurred on the date above stated; the control of the cont	
County City or town. City or town.	ED:
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in above place of death? How long in hospital, institution. 3. (a) FULL NAME 4. Sex 5. Color or race 6. (a) Single, married, widowed, or diverced MEDICAL CERTIFIC Male W. hite M. arried 20. DATE DF DEATH. 21. I CERTIFIX hat death occurred on the date above stated; the color of the color of the date above stated; the color of the color	officers
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Hospital, institution, or street address where death occurred: 1	W. a. Mrive nearest town)
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male W. hite Marries 20. DATE DE DEATH Cot 2 4th 6.(b) Name of husband or wife Larah 2 Stone 21. I CERTIEN That death occurred on the date above stated: the	
6.(b) Name of husband or wife Larah 2/ Stone 21. I CERTIEN that death occurred on the date above stated: the	ATION
6.(b) Name of husband or wife Arah 2/ Stone 21. I CERTIEY that death occurred on the date above stated; th	1947 at 3 15 A M
6.(0) Name of husband of wife	
C (a) Whillian plan and	(C) off \ (1)
7. Birth date of fig. 6.(c) Vollive, give age years and that I last saw h./.442. alive on	13 18 47
deceased (mo., day, yr.) fully 6 1366	
8. AGE: Years Months Days If less than one day	000
81 3 16 hrs. min. Cleule Cardian &	Lafali.
9. Birthplace Baltimore, Mis. Due to Due to	
(Yown, county and state)	
10. Usual occupation. Que to.	
The said that a said the said	2
12. Name Letter Fileplert Other conditions Typestensio	74
(Include preynancy within 3 months of det	ath)
14. Maiden name Major findings of operations	
2 15. Birthplace Lermany	Date of op
16. Informant MOD Sarah Off Lightert Autopsy results.	
Address 1930 The Dake are PHYSICIAN: Please underline the cause to which death sh	ould be charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the	e following;
(Burial, cremation, or removal. Which?) Date thereof (day) (year) Accident, suicide, or homicide	Date of
Cemetery or crematory Whore did Injury occur? (City or town) (City or town)	County) (State)
Tal and later a made I believed at home form Industry public place (where?)	
Location	ured at work?
18. Funeral director of fire of Legislan Tor	,
Aspess 901-03 Holling St.	a f
23. SIGNATURE. 23. SIGNATURE.	M. D. or other
18. Registrar Address (1) Levely 115	Date signed 10/24/4.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/			CERTIFICA	TE OF	DEATH		Reg. Diat. No	44
1. PLACE OF DEA County	imce idle River utside city or town lin of death? street address where d or Drive,	eath occurred	URAL and give nearest town) i: ury Manor	State	Middl	d Cou River Sity or town limits 1 der Dri (If rural, glve	mother) Baltimore s, write RURAL and give nea ve, Stansbury	Manor
4. Sex	5. Color or race	6.(a)Singt	e, married, widowed, or divorced		М	EDICAL CE	ERTIFICATION	
female	white		single	2D. DATE DE	DEATH Oct	ober 27,	1947	, 2: 30 A
8.(b) Name of husband 7. Birth date of deceased (mo., day, y	Tomana	6.(c) If alive, give ageyears	and that I la		alive on	ove stated; that I attended dece	ased from 2, 2,73, 1,9,
8. AGE: Years	Months 9	Days	If less than one dayhrs. min.	En	rogerda	illen	Kighney -	6 mg
1D. Usual occupation 11. Industry or busines: 12. Name	homas L. L Blue Islan	ong		Other condit	ings of operations.	gnancy within 8 m	Uma Trum	
14. Maiden name Eleanor Riddle 15. Birthplace Ravenna, Ohio 16. Informant Thomas L. Long					N; Please underlin		Bate of op. 24	statistically.
17	J. or removal. Which?) Waple G. venne, Ohi Wm. Cook 7 St. Paul	Date ther rove o , Inc. Stree	tansbury Manor 10/28/47 (month) (day) (year)	Accident, si Where did I Injured at h Means of In	ulcide, or homicide. Injury occur? nome, tarm, Industry	(City or town)	(County) here?) Injured at work?	(State) MD) or other



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

241

	2411	N.	Charles S	t., Balt	imore	9
CER	TII	FI	CATE	OF	DEATH	

08828

	Nog. Diet. No. maying
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Horolann Man	State
City or town. (If entside city or town limits, write RURAL and give nearest town)	City or town Hornham
Now long in above place of death?	City or town
mospitali institution, of stroot auditors minor south southern	Street No. 2 2 / Thurway Man J. (If rural, give LOCATION)
Hew long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
agnes Moffet	Lyale
4. Sex 5. Color of race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Mute Imgle	2D. DATE OF DEATH. OCT 2.5 19645 A
C (h) Name of husband or wife	25 I CERTIEV that death accurred on the data share stated: that I attended decreased from
6.(b) Name of husband or wife	10 10 UT to Oct de > 194
7. Sirth date of Age	and the last saw handlive on OET J. 4
deceased (mo., day, yr.) 1 torenter 28/18 d 6	Immediate cause of death
8. AGE: Years Months Days It less than one day	Impocardates 4 mo
90 60 h	n. /
8. Birthplace (Town, county, and stete)	Oue to Oteol age
10. Usual occupation.	
11. Industry or business . Whome.	Oue to
12. Name Illis dy all 13. Birthplace Ications	Other conditions
	(include pregnancy within 3 months of death)
14. Malden name Shruttha Allan 15. Birthplade Scotland	Major findings of operations.
2 15. Birthpiage Colland	
16. Informant Milliam M. A. Ballantine	Autopsy results.
5-12 M- 1- 80 100 D 1.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
N. + 1 10 4 - 2/1911	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlal, cremation, or removal, Which?) Date thereof (day) (year)	Accident, suicide, or homicide
Cemetery or crematory London Cask	Where did injury occur?
Location Bultarone Ind.	Inluned at home form Industry public place (where?)
Xanne Ille	Means of Injury Injured at work?
18. Funeral director	0 .
Address 4204 Adagewood the	23. SIGNATURE a.C. Sauch
11-27 47 Ukesteland	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registra	Address U 5-0 9 February Date Signed Det

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (Formewborn in anta give residence of mother) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?.... (if outside sity or town limits, write RURAL and give nearest towo) Hospital, Institution, or street eddress where death occurred:/ (If rural, give LOCATION) How long in hospital or institution?. 2.(a) If yeteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 7. Birth date of deceased (mo., day, yr.) DURATION 8. AGE: (Town, county, and state) 11. Industry or busines 12. Kame 25 (include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Flease ooderline the cause to which death should be charged statistically. /22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof Accident, sulcide, or homicide..... Where did injury occur? (City or town) (Coonty) Injured et home, farm, Industry, public place (where?)

23. SIGNATURE

Registrar

Means of Injury

M. D. or other

Injured at work?

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/2

08830

CERTIFICATE OF DEATH

Reg. Dist. No. 34

1. PLACE OF DEATH: / finone	2. USHAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Cily or town	State May Congress County State Champel
How long in above place of death?	City or town (If outside city or town limits, wyte BURAL and give parest town)
Hospital, Institution, or recet address where death occurred to the first th	Street No. Junior G. State Long Carolle C. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Jawey J. Marte	3. (b) Social Security Number
Male While Manaried, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH ON 23 19.47 at 6 30
6.(b) Name of husband or wife with the transfer of husband or wife with the husband or wife with the transfer of husband or wife with the husband or with the husband or wife with the husband or wife with the husban	21. I CERTIFY that death occurred on the date above slated; that Lattended deceased from
S.(c) If aliver give age 3 (years	Sept 12 1847 10 (101 23 184)
7. Birth date of deceased (mo., day, yr.) Sieht 20-1876	and that Clast say had alive on COCK 22 2 19 4
8. AGE: Years Mooths Days It less than one day	Impedite carre of death Survey Referred ?
new V	OF Solution
9. Birthplaca (Zown, county, and state)	Due to Challe Silla State Challen
10. Usual occupation	Due to
11. Industry or business Signaulline.	
12. Name Thomas Martin	Other condition Dulband Alwardays.
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name / Rank Jamesen 15. Birthplace Muy Caul	Major fiedings of operations
\$1 15. Birthplace Muny Carel	Date of op.
16. Interment / Marie Miller	Actopsy results
Address Herpfelind ma,	
17 Burel Bale thereof Oct 25/47	22. VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day)/(year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location 19405 CO	Injured at home, farm, Industry, public place (where?)
18. Funoral director & del & Tufalon	Means of injury Injured at work?
Address Hampstead Mg	23. SIGNATURE to sight C. Durch Mix
19. Oct 27 19 4 7 S. E. Tawff M. W. (Date ree'd by registrar) Registrar	Address Alband Steel 2 M. D. or other 4.7



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

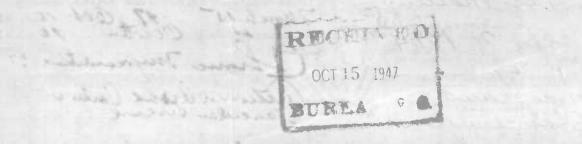
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08831

CERTIFICATE OF DEATH

Reg. Dist. No. 54

County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Par newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
mary & Marti	5. (0) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
A W m.	Continue Continue (a with the
Slimati	20. DATE DE DEATH. CONTROL O 1947 at M. M.
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h A alive on October 10 1997
deceased (mo., day, yr.)	-: 0
8. AGE: Years Months Days If less than one day	Immediate cause of death Tourse Museuchtus 70 MATION
73 / 3nrsmin.	
9. Birtholace maryland	Due to astelle - selevate Parkie V
(Town county, and state)	Laskelan Cirlase
10. Usual occupation	Due to
1f. Industry or business	
E 12. Name Sellenel Milles	Other conditions Clasence Chathailia Cilhailia
12. Name. Illue Makles 13. Birthplace Makles	
14. Malden nam Vachel Crowther	(Include pregnancy within 3 months of death)
14. Malden nam Cachel Crowther 15. Birthplace	Major findings of operations
2) 15. Birthplace	Date of op.
16. Informant	Autopsy results
Address Hampslead Ind	
17 Build Date thereof Oxt 13/49	22. VIOLENCE: If death was due to external causes, fill in the following:
(Buriai, cremation, or removal, Which?) (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur?
Location 3 Colors Co Med	Injured at home, farm, industry, public place (where?)
18. Funeral director. Code College Gifelon.	Means of Injury Injured at work?
Address Haushstead	1 1-18 1 700 1Q
7 9 10 10 10	23. SIGNATURE M. D. or other
19 (Port maid by confession) 19 4 7	Santolial Mal part 10-11-47



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PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

DE MICHAEL PROPERTY (TECHNET) OF PROPERTY

08832

Reg. Dist. No. 57

CERTIFICATE OF DEATH

County	City or town (If outside city or town limits write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3.(b) Social Security Number
J. Matthews	or (o) Botton beauty framet
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M w wodomed	20. DATE OF DEATH actaly 24 1947 16:10PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sinst attendament 19
7. Birth date of 6.(c) If alive, give age years	and that I last saw halive on
necesser (mo., na); 11.	Immediate cause of death
8. AGE: Years Months Days If less than one day 2hrsmin.	Cornary verlusion 10 min.
9. Birthplace Garleton Salto Co., M. d.	Due to.
10. Usual occupation	Due 10
11. Industry or business	
12. Name	Dither conditions Augustians and
	(Iaclude pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
16. Informant Mus. D. M. Poole	Aatopsy results.
Address Sparles Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date Ihereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location a. a. Co., md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Sanden m. Barasfin	Maans of Injury Injured at work?
Address Sparle, md.	23. SIGNATURE Clipalotth B. Ahmill M. D. or other
19. (Date rec'd by registrar) 19. Registrar	Address Cocking wills Md. Date signed 124/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

0883342

1. PLACE OF DEATH: County. Baltimore Halethorpe (For review Internating were estimate of watch) Row long in heaptly after dears were feeth occurred: 1.825 Woodside. Averme. More long in heaptly or institution? 3. (a) FULL NAME / Mack Atlis Mazzatenta 8. Science arease Science arease Mack Atlis Mazzatenta 8. Science arease Science arease Mack Atlis Mazzatenta 8. Science arease Scien					
City or team. Halethorpe City or team. Halethorpe City or team. Halethorpe City or team. District of death. City or team. Ci	1. PLACE OF DEATH: County. Baltimore				
Row long in above place of death? Rospital, intitions, or sired address where death occurred: 1.825 Woodside. Avenue 8.60) Name of hexbard or wite. JOSEPhine Mazzatenta 8.60: It site, give age. 53 years deceased (ms. day, ms.) February 12, 1891 8.66: Itests Months 9. Birthplace. Callecavino, Italy 10. Buril acceptation. 11. Industry or business Arundel Corporation 12. Name. Vincent Mazzatenta 13. Birthplace Callecavino, Italy Corporation Name Callecavin					
Street No. 1825 Woodside Avenue Street No. 1825 Woodside A		City or town Halethorpe			
See_ Scotor or race					
Row long in bespital or institution? 3. (a) FULL NAME Mack Atlis Mazzatenta 4. Set. 5. Color or race Male Mite Married 8. (a) Single, married, widowed, or divorced Male White Married 8. (b) Name of husband or wite. JOSEPhine Mazzatenta 8. (b) Hailer, gire age. 53 Jeans 6. (c) Hailer, gire age. 53 Jeans 8. AGE: Tears Months 10. Birthplace. Callecavino, Italy (Town, county, and state) 10. Usual eccupation. Crane. Operator 11. Intested row business Arrundel Corporation 11. Interment. Mrs. Josephine Mazzatenta Address 1825 Woodside Averue, Halethorpe 11. Interment. Mrs. Josephine Mazzatenta Address 1825 Woodside Averue, Halethorpe 11. Low and the county of the conditions 12. Under the death cocurred on the date above stated: that lattended deceased from April 16 12. Interment. July 16 13. Birthplace. Callecavino, Italy (Include pregnancy within 3 months of death) Majer findings of operations. Misser findings of operations. Majer findin					
Mack Atlis Mazzatenta 4. Sec. S. Obir or race S. Obir or race S. Obir or race MEDICAL CERTIFICATION Male Martiel Mazzatenta Medical certification MEDICAL CERTIFICATION Mack Atlis Mazzatenta Medical certification MEDICAL CERTIFICATION Mack Atlis Mazzatenta Medical certification Medica					
Mack Atlis Mazzatenta 4. Sex. S. Color or race male S. Color or race male white married 6. (a) Name of husband or wite. Josephine Mazzatenta 6. (b) Name of husband or wite. Josephine Mazzatenta 6. (c) It alive, gire age 53 years decreased (mo. day, r.) February 12, 1891 8. AGE: Tears Menths Days Itless than one day decreased (mo. day, r.) February 12, 1891 8. AGE: Tears Menths Days Itless than one day date) 7. Birthdate of decreased (mo. day, r.) February 12, 1891 8. AGE: Tears Menths Days Itless than one day date) 9. Birthplace Callecavino, Italy 10. Usual occupation. Crane Operator. 11. Industry or business Arundel Corporation 12. Rame. Vincent. Mazzatenta 13. Birthplace Callecavino, Italy 14. Maiden name. Lucrezia Dipampsa 15. Birthplace Callecavino, Italy 16. Informant. Mrs. Josephine Mazzatenta Majer findings of operations. 16. Informant. Mrs. Josephine Mazzatenta Majer findings of operations. This defines a findings of operations are selected to which death should be charged statistically. Majer findings of operations are selected to which death should be charged statistically. 22. VIOLENCE: If death was day to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Mannes of husband or wite. Josephine decreased from April 16. 4.7, to Oct. 16. 19. 4.7. 10. Oct. 16. 19. 4.7. 11. Industry or business Arundel Corporation 12. Rame. Vincent. Mazzatenta 13. Birthplace Callecavino, Italy 14. Majer name. Lucrezia Dipampsa Majer findings of operations. Majer findings of operations. 15. Color town) (County) (State) 16. (City or town) (County) (State) 17. (City or town) (County) (State) 18. Funeral director Wins. Cook, Inc. Address 1217 St. Paul Street					
male white married 6.(b) Name of husband or wite. Josephine Mazzatenta 6.(c) Name of husband or wite. Josephine Mazzatenta 6.(d) Name of husband or wite. Josephine Mazzatenta 7. Birth date of deceased (no. dos, rr.) February 12, 1891 8. AGE: Vears Months Days Itless than one day 56 8 4 hrs. min. 9. Birthplace. Callecavino, Italy 10. Usual occupation. Errane. Operator 11. Industry of business Arundel Corporation 12. Name. Vincent Mazzatenta 13. Birthplace Callecavino, Italy 14. Maiden name Lucrezia Dipampsa 15. Birthplace Callecavino, Italy 16. Informant Mrs. Josephine Mazzatenta Address 1825 Woodside Avenue, Halethorpe 17. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wms. Cook, Inc. Address 1217 St. Paul Street 18. Funeral director. Wms. Cook, Inc. Address 1217 St. Paul Street		5. (b) Sucrat Security Industry			
8.(6) Name of husband or wife. Josephine Mazzatenta 5.(c) It alive, give age. 53 Years 6.co It alive, give age. 53 Years 8. AGE: Vears Months Days It less than one day 5.6 8 4 hrs. min. 9. Birthplace. Callecavino, Italy 10. Usual occupation. Grane Operation 11. Industry or business Arundel Corporation 12. Name. Vincent Mazzatenta 13. Birthplace Callecavino, Italy 14. Maiden name. Lucrezia Dipampsa 15. Birthplace Callecavino, Italy 16. Informant Mrs. Josephine Mazzatenta 17. burial 18. Sucception Mazzatenta 18. Sucception Mazzatenta 19. Birthplace Callecavino, Italy 10. Usual occupation Care Operation 11. Industry or business Arundel Corporation 12. Name. Vincent Mazzatenta 13. Birthplace Callecavino, Italy 14. Maiden name Lucrezia Dipampsa 15. Birthplace Callecavino, Italy 16. Informant Mrs. Josephine Mazzatenta 17. burial 18. Eucresia or removal Which?) Cemetery or crematory Loudon Park Location Baltimore, Maryland 18. Funeral director Wms. Cook, Inc. Address 1217 St. Paul Street	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
3. Birthdate of deceased (mo., day, rr.) February 12, 1891	male white married	20. DATE DF DEATH. October 16, 1947 at 7:55 A.M			
3. Birthdate of deceased (mo., day, rr.) February 12, 1891	6.(b) Name of husband or wite Josephine Mazzatenta	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
12. Birthelate of deceased (mo. day, rr.) February 12, 1891 8. AGE: Years Months Days It less than one day 56 8 4 hrs. min. 9. Birthelace. Callecavino, Italy 10. Usual occupation. Crane. Operator 11. Industry or business Arundel Corporation 12. Name. Vincent. Mazzatenta 13. Birthelace Callecavino, Italy 14. Maiden name. Lucrezia Dipampsa 15. Informant. Mrs. Josephine Mazzatenta 16. Informant. Mrs. Josephine Mazzatenta 17. burial cremation, or removal. Which? Cemetery or crematory Loudon Park Date thereot. (month) (day) (year) 16. Location Baltimore, Maryland L					
8. AGE: Years Months Days It less than one day 56 8 4	7 Birth date of	and that I last saw him alive on Oct. 10.			
56 8 4 hrs. mln. 9. Birthplace. Callecavino, Italy (Town, county, and state) 10. Usual occupation. Crane Operator. 11. Industry or business Arundel Corporation Experimental Corporation Experimental Corporation Experimental Corporation Due to Due to Due to Due to Due to Usual occupation. Crane Operator. 11. Industry or business Arundel Corporation Experimental Corporation Dither conditions. Unclude pregnancy within 3 months of death) Major findings of operations. Physician, Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at home, farm, industry, public place (where?) Injured at work?		Immediate cause of death Carcinoma of left DURATION			
B. Birthplace. Callecavino, Italy 10. Usual occupation. Crane Operator 11. Industry or business Arundel Corporation 12. Name. Vincent. Mazzatenta 13. Birthplace Callecavino, Italy 14. Maiden name. Lucrezia Dipampsa 15. Birthplace Callecavino, Italy 16. Informant. Mr.S.a. Josephine Mazzatenta Address 1825 Woodside Avenue, Halethorpe 17. burial 18. Europial, cremation, or removal. Which) Cemetery or crematory. Loudon Park Location. Baltimore, Maryland 18. Funeral director. Wms. Cook, Inc. Address 1217 St. Paul Street Due to. Diher conditions Major findings of operations. Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Injured at work?	o. Ada.	lung. 6 Mon			
18. Usual occupation. Crane Operator. 11. Industry or business Arundel Corporation 12. Name	56 8 4hrsmin.				
11. Industry or business Arundel Corporation 12. Name	9. Birthpiace. Callecavino, Italy (Town, county, and state)				
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12. Name					
13. Birthplace Callecavino, Italy (Include pregnancy within 3 months of death)					
14. Maiden name. Lucrezia Dipampsa 15. Birthpiace Callecavino, Italy 16. Informant. Mrs. Josephine Mazzatenta Address 1825 Woodside Avenue, Halethorpe 17. burial (Burial, cremation, or removal, Whiteh?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funerai director. Wma. Cook, Inc. Address 1217 St. Paul Street (Include pregnancy within 8 months of death) Major findings of operations. Antiopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address 1217 St. Paul Street		Dther conditions			
14. Maiden name Lucrezia Dipampsa 15. Birthpiace Callecavino, Italy 16. Informant Mrs. Josephine Mazzatenta Address 1825 Woodside Avenue, Halethorpe 17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wm. Cook, Inc. Address 1217 St. Paul Street Major findings of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Major findings of operations.	₹ 13. Birthplace Callecavino, Italy	(1-lid manner within 2 months of death)			
Address 1825 Woodside Avenue, Halethorpe 11. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wm. Cook, Inc. Address 1217 St. Paul Street PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?	14 Maiden name Lucrezia Dipampsa				
Address 1825 Woodside Avenue, Halethorpe 11. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wm. Cook, Inc. Address 1217 St. Paul Street PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?	Collegatine Italy				
Address 1825 Woodside Avenue, Halethorpe 11. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wm. Cook, Inc. Address 1217 St. Paul Street PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury injured at work?	2 15. Birinplace Dallacavino, italy				
Address 1825 Woodside Avenue, Halethorpe 17. burial Date thereot. 10/18/17 (Burial, cremation, or removal. Which?) Cemetery or crematory. Loudon Park Location Baltimore, Maryland 18. Funeral director. Wms. Cook, Inc. Address 1217 St. Paul Street Address 1217 St. Paul Street 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide. Date of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of Injury Address 1217 St. Paul Street	16. Informant Mrs. Josephine Mazzatenta	Antopsy results.			
Date thereof 10/18/7	Address 1825 Woodside Avenue, Halethorpe				
Cemetery or crematory. Loudon Park Location Baltimore, Maryland Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Address 1217 St. Paul Street					
Location Baltimore, Maryland Injured at home, farm, Industry, public place (where?) 18. Funeral director Wm. Cook, Inc. Address 1217 St. Paul Street Address 1217 St. Paul Street	(Burial, cremation, or removal, Which?)				
Location Baltimore, Maryland Injured at home, farm, Industry, public place (where?) 18. Funeral director Wm. Cook, Inc. Address 1217 St. Paul Street Address 1217 St. Paul Street	Cemetery or crematory Loudon Park	Where did Injury occur?			
18. Funeral director	Location Baltimore, Maryland				
Address 1217 St. Paul Street		Means of Injury Injured at work?			
Rot 17 147 Q W Albrech SIGNATURE M. D. or other		Marcel of Alanda.			
		73. SIGNATURE M. D. or other			

(For newborn infants give re	OME) OF DECEASED:
State S, C.	County
City or town (11 outside city or	town limits, write RURAL and give nearest town)
Street No. 4/2/	rural, give LOCATION)
2.(a) If veteran, name war	Training give book from
0-	3. (b) Social Security Number
ley.	250-14-631
MEDI	ICAL CERTIFICATION
20. DATE DF DEATH	Oct 3 1947. 21 6
	the date above stated; that I attended deceased from
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Impediate cause of death	
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Due to	Cleffish.
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Other conditions (Include pregnance)	ey within 3 months of death)
Other conditions	ey within 3 months of death)
Other conditions(Include pregnance Major findings of operations	cy within 3 months of death) Quie of op.
Other conditions	ey within 8 months of death) Oate of op. cause to which death should be charged statistically.
Other conditions	cause to which death should be charged statistically. Date of
Other conditions	cause to which death should be charged statistically. Date of

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How long in above place of d Hospital, institution, or sty	eath?	landh manasani.		
N A 1	aboress wrere			
How long in hospital ouns			***************************************	
3. (a) FULL NAME	10		-	
3. (a) FULL NAME	The	lea	me	1/2
4. Sex 5.	Color or race	6.(a) Sigle, 1	narried, widowed, or dis	orced
mile	caf.	10	nars	re
6.(b) Name of husband or v	ile Be	M	<i>د</i> ،	
11, 1, 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		8 (0)	f alive, give age	
7. Birth date of deceased (mo., day, yr.)	6	Zug	1	9
8. AGE: Years	Months	Days	if less than one day	
49	1	21	hrs	
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9. Birthplace Ora		county and sta	21 C	
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1D. Usual occupation	ce wo	سياب		••••••
11. Industry or business	sow	w Poi	mh m	lo
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Address		1	or. Vice	10
17 Burn	<u></u>	Date thereof	ver 8.	17
(Burial, cremation, or	AVE VI	.+' +	(month) (day) (7
Cemetery or crematory	13a	pust	ب درس	
t	loves	nes.	75. 6.	
Location			1.0	•••••
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18. Funeral director		0		
18. Funeral director	10-11	11	1 Own	
Address Jorgan	Bu	the	and	
1.	Bul	lu	ave	

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County City or town	Street No		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	Mc Nally 212-10-955-9		
female white married	MEDICAL CERTIFICATION 20. DATE OF DEATH October 22 19 1/2 35 M		
8.(b) Name of husband or wife 1. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.) 1. Birth date of deceased (mo., day, yr.)	21. I CERTIFY that death occurred on the date above stated; that attended decased from 19 to 19 19 19 19 19 19 19 19 19 19 19 19 19		
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
45 5 5 min.	a a the perform 6 ms		
9. Birlipplace	Due to.		
10. Usual occupation Stemo GMA DACK	Due to		
11. Industry or business Black & Occher Co.			
12. Name Gustavus Rudiger 13. Birthplace Ba Change Md	Diher conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Emma 11. Wisciman	Major findings of operations		
\$ 15. Birthpiace 139/70m ove 186.	Dale of op.		
16. Informant The Makey	Autopsy results		
Address 4619 Ridgeway Ave.	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, eulcide, or homicide		
Cemetery or crematory Western Ceme	Where did injury occur?		
Location L-d mond soy Ave.	Injured at home, farm, Industry, public_place_(where?)		
18. Funeral director. M. W.E. Depol's Sour	Means of Injury Injured at work?		
Address 7110 Belan Rond 19. (Date rec'd by registrar) Registrar	23. SIDNATURE TO A CONTROL M. D. or other Address FO O M. Milling M. D. or other Address FO O M. Milling M. D. Date Algorithm 1. 4 4.		

14 Paterson Pr. Mr.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ounty	W. F. W.	ME) OF DECEASED:			
ity or town	town) Ce tons vri	Stat Md. County Balto. City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)			
ospital, Institution, or street address where death occurred: 216 Paradise Ave.	Street No	Street No			
low long in hospital or institution?	2.(d) If veteran, name war				
B. (a) FULL NAME MATTI	EW BARTON MERRICK	3. (b) Social Security Number			
male white widower	WEDIC	AL CERTIFICATION			
(6,(6) Hame of husband or wife	21. I CERTIFY that death occurred on the years and that I last saw harmalive on.	e date above stated; that I attended deceased from 19.47, to Personal II 19.24.			
8. AGE: Years Months Days If less than one day	Immediate cause of death Se	OURATION /Zust			
Birthplace	Que to				
12. Name Samuel Beale Merrick 13. Birthplace Talbot Co.		within 3 months of death)			
14. Maiden name. Mary Jane Barnes 15. Birthplace Dorchester Co., Md.	Major findings of operations	Major findings of operations			
16. Informant Mrs. Arthur C. Bushey Address 216 Paradise Ave.	PHYSICIAN: Please underline the ca	use to which death should be charged statistically.			
Burial Oate thereof 10all/ (Burisl, cremation, or removal. Which?) Oate thereof (month) (dsy) Druid Ridge Cem.	22. VIOLENCE: If death was due to expense. (year) Accident, suicide, or homicide	Date of			
Pikesville, Md.		or town) (County) (State) place (where?)			
18. Funeral director. WM. J. TICKNER & SONS Balto., Md.	missing of miles;	11011			

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08837

CERTIFICATE OF DEATH

Rog. Dist. No. 41

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Raltimora	(For newborn infants give residence of mother) State Mary Land County Baltimore		
(If outside city or town limits, write RURAL and give nearest town)	0. 2001	7 *** * * * * * * * * * * * * * * * * *	
Row long in above place of death?	City or town	vn) .	
Hospital, Institution, er street address where death occurred:	Street No. 2925 Pormoall Rd		
2925 Cornwall Vood	(If rural, give LOCATION)	************	
How long in hospital er institution?	2.(a) If veleran, name war	*************	
3. (a) FULL NAME	3. (b) Social Security Number	r	
adam Scott mitchell	194-01-3	724	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male White married	20. DATE OF DEATH 18 October 1947 113	:45 P. M	
6.(b) Name of husband or wife a gres Rita mitchell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	20 June 1847 10 18 October		
7. Birth date of Quality of the state of Quality of Qualit	10.01	19.4.2	
deceased (mo., day, yr.) 24 December 1804		URATION	
8. AGE: Years Months Days If less than one day	Coronary occlusion 4	months	
42 / 0 hrsmin.		***********	
9. Birthplace Implical - all Shang - Sems yles	que to Cosmary as teris & cles osis		
10. Usual occupation Clerk - Federal Fort X	Buo do	***************************************	
11. Industry or business Federal Pori 1	Due to.	**********	
12. Name William Mritchell 13. Birthotace Scotland	Diher conditions Timed Diabetes welliter 3	3 years	
	(Include pregnancy within 3 months of desth)		
14. Maiden name agues manclars	Major findings of operations.		
\$ 15. Birthplace Scotland	Date of op.		
16, Informant Mrs. Ques mifchell	Autopsy results.	000000000000000000000000000000000000000	
Address 2 925 Carmwall 121.	PHYSICIAN: Please underline the cause to which death should be charged statistics	ally.	
2 A A. TOUR	22. VIOLENCE: if death was due to external causes, fill in the fellowing;		
(Burial, cremation, or removal. Which) Date thereof. (Month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Trand View	Where did injury eccur? (City or town) (County) (State)	
Cart Mr. Wassert Pr.	Injured at home, farm, industry, public place (where?)		
Location	Means of injury Injured at work?		
18. Funerat director	M /Selled		
Address 2/12 Dundalk and	23 SIGNATURE Derward Co Lawred De	usal.	
1 Migra miles	M. D. or other	4 .4	
(Date rec'd by registrar)	Address O Di Les Ty an Neway Date signed 18 0	et . 1947	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Zulangland County Harford C
(If outside eity or town limits, write RURAL and give nearest town)	City or lowe Sklass
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
Eudowood Sanatorium, Towson 4, Maryland	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Comelius Moore	215-05-0799
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W marrier	2D. DATE OF DEATH. CCT CF 18 19 21 610 H M
Elaster Mars	21-1 CERTIFY that death occurred on the date above stated; that I attended deceased from
1	Jan 14 1947 10 OF 17 194/
7. Birlh date of C. 2 C. If alive, give age years	and that I last saw h Amalive on OCT 15
deceased (mo., dayrn) R ACF. Years Months Days If less than one day	Immediate cause of death . Duration
8. AGE: Years Months Days If less than one day	140
30 3 10hrsmin.	
9. Birtholace Cokeyswille 2nd	Due to.
(Town, county, and atate)	
10. Usual occupation. Acroscu Station Operator	Bus de
11. Industry or business	Due to
12. Name Joseph C Wood	Dther conditions
3 13. Birthplace Cockey will had	
14. Maiden name align leth Filipatriske 15. Birthplace Harford Co we	(Include pregnancy within 3 months of death)
6 Hinterd Co my	Major findings of operations.
	Date of op.
Personal History - Hospital Records	Autopsy results
Address Eudowood Sanatorium, Towson, Md.	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
19 . 0 0 1 . 472 11"	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17	Accident, sulcide, or homicide
Gemetery or crematory The Company of	Where did injury occur?
Location Tolan Tolan,	Injured al home, farm, industry, public place (where?)
Chal Elons	Means of Injury injured at work?
18. Funeral directors of the August A	(10000
Address Miller M. Market Maller Market	23, SIGNATURE M. D. or other
19. Changida by projectory	Towson L. Maryland

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

BV (1883.)
Reg. Dist. No.30

1. PLACE OF DEATH: County Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County
	City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? It. years, II months, 9 day. Hospital, institution, or street address where death occurred:	
Spring Grove State Hospital	
How long in hospital or institution?	IYS 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Kate Morasky	
4. Sex 5. Color or race 6.(4)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	November 21 19 32 10 October 30 19 47
7. Birth dafe of	and that I last saw heralive onOctober30
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause al death DURATION
o. Auc.	Gangrene of the right small toe
89 10 15hrs.	(arteriosclerotic) 12 days
9. Birlhplace Poland (Town, county, and state)	Due to Generalized arteriosclerotic
10. Usual occupation	Oue fo
11. Industry or business Home	
12. Name	Other conditions
I3. Birthplace Poland	
# 14. Maiden name?	(Include pregnancy within 3 months of death)
	Majar fiadiags al aperatiaas
15. Birthplace Poland	Date of op.
16. Informant Hospital records	Aatapsy results
Address Catonsville-28, Maryland	
**	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or removal, Which?)	
Cemetery or crematory Holy Rossy Com	Whera did Injury occur?
Location Baltimand Co. And.	Injured at home, farm, industry, public place (where?)
01 0 4 11:11	Msans of injury Injured at work?
18. Funeral director.	Bruken tuch
Address 1501 8. Fact live	23. SIGNATURE Isadore Tuerk, M.D. or other
Ost 21 47 P. Whelman	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	trar Address Cat onswille-28, Md. Date signed 10-30-17

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1 DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08841 Reg. Dist. No. 44 30

County. Baltimore Catonsville City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lyears, & months, 26 days Hospital, Institution, or street addrees where death occurred: Spring GroveState Hospital How long in hospital or institution? Lyears, & months, 26 days				(For newborn infants give residence of state. Maryland. Cou City or town. Turner's State (If outside city or town limits street No. 15 Center Av. (If rural, give 2.(a) If veteran, name war.	mother) inty Baltimore tion b, write RURAL and give nei enue LOCATION)	arest town)
3. (a) FULL NAM		Maruto Naruto	touricy		3. (b) Social Security	Number
4. Sex male				MEDICAL CE	ERTIFICATION 24 19 47	., al. 6: 00a, N
			iwskiyeare	21. I CERTIFY that death occurred on the date aboJanuary2919	ve etated: fhat l'attended dece 43toOctober ctober 24	241947.
8. AGE: Years	Montas	Days 5	If iese than one dayhremln.	Immediate cause of death		
8. Birthplace Poland? (Town, county, and state)				Due 10. Generalized arts		indefinite
11. Industry or busines	Private	die		Due to Hypertensive can renal disease Other conditions		00
13. Birthplace 14. Maiden name. 15. Birthplace	Poland? Poland?			(Include pregnancy within 3 n		
Address		ille-28	ds Maryland 1947 (month) (day) (year)	Antopsy results	ses, fill in the following:	statistically.
	o Stin	Lary	Laur (day) (year)	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh	(County)	(State)
Address 19. (Date rec'dloy re	21/2 D	me	elk ave.	23. SIGNATUREIsadoreTuer	k, M.D. M.D.	or other 10-24-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEA	TH: 441/16	Baltim	ore	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
· ·	tside city or town l		RURAL and give nearest town)		ounty Parkv1116/	
Hospital, Institution, or s		death occurred	d:	Street No. 9136 Ridge Ave		
How long in hospital or I	nstitution?	*****************	•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war		
3. (a) FULL NAME	Char	rles Ar	ndrew Neubeok		3. (b) Social Security 218-05-5096	Number
4. Sex	5. Color or race white	6.(a)Singl	e, married, widowed, or divorced married		CERTIFICATION 26 19.47	230 A. H
6.(b) Name of husband o		••••••	oeth S.	21. I CERTIFY that death occurred on the date at	bove stated; that I attended decea	ased from
7. Birth date of deceased (mo., day, yr.	No		12, 1879	and that I last saw h. l. Maalive on		19.47
8. AGE: Years 67	Months	Days	tf less than one dayhrsmin.	Immediate cause of death Careino?		4 4 (3)
9. Birthplace Baltimore, Md. (Town, county, and state)			state)	Due to		******************************
1D. Usual occupation	Ret	ired		Due to		***************************************
11. Industry or business	Locanh Na	shook		4. 4. 4	•••••••••••••••••	***************************************
12. Name	Germ			Other conditions More .	***************************************	***************************************
14. Malden name	Frances S			(Include pregnancy within 3 Major findings of operations. Hypical whorls on Browl	x cept asperation	of rather
16. Informant			th S. Neubeck Ivenue, 14	Autopsy results. Motione . PHYSICIAN: Please underline the cause to w	which death should be charged	Falted how fundations
17. Burial (Burial, cremation, c	1		eot. 10-29-47 (month) (day) (year) chedral Com.	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Dale of	
Cemetery or crematory. Baltimore, Md.				Injured at home, farm, industry, public place (v		
18. Funeral director Leonard J. Ruck			Ruck	Means of Injury	Injured at work?	
Address	5305 Hari		· ·	MISIGNATURE Edward &	a halm &)
19. /0-2	-7,47	a	hep felse g	72.26.11	1 0 / 1	or other
(1)ate rec'd by regin	Berar)	la	Registrar	Balto. 14 md.		and the state of t

MARYLAND STATE DEPARTMENT OF HEALTH

411	N.	Charles	St	Baltimore
			2009	20161111010

CERTIFICATE OF DEATH

400			20
Reg.	Dist.	No.	32

1. PLACE OF DEATH: County Baltimore City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? O. yrs., O. mos., 10 days Hospital, Institution, or street address where death occurred: Mt. Wilson Branch, Md. Tuberculosis Sanatorium How long in hospital or institution? O. yrs., O. mos., 10 days 3. (a) FULL NAME MRS. MARY NOVAK	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	rest town)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE DF DEATH October 16, 19.47	.2:35 Pm
6.(b) Name of husband or wife Eugene Novak Unknown 7. Birth date of deceased (mo., day, yr.) September 10, 1916	21. I CERTIFY that death occurred on the date above stated: that I attended decean October 6, 19.47 to October and that I last saw her alive on October 16,	16, 47
8. AGE: Years Months Days It less than one day	Pulmonary Tuberculosis	7 yrs.
31 1 6min.		
9. BirthplacePittsburgh, Pennsylvania 10. Usual occupation Housewife 11. Industry or business	Due to. Tubercle Bacilli	
12. Name Valentine Gorski 13. Birthplace Poland	Other conditions None	***************************************
14. Malden name Catherine Trybus 15. Birthplace Poland	(Include pregnancy within 3 months of death) Major fieldings of operations	
16. Informant Mrs. Mary Novak	Autopsy results. No autopsy	
Address 1511 John St., Balto., Md. 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. New Cathedral Cemetery.	PHYSICIAN: Please underline the cause to which death should be charged at 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
Location 4300 Old Frederick Rd. Balto., Md		
18. Funeral director William Cook, Inc.	Means of Injury Injured at work?	
Address 1217 St. Paul St., Balto., Md.	23. SIGNATURE Stewarts Shaffe	n mio
19. Oct. 16. 19. 47. Earl T. Welster Registrar	Address Mount Wilson, Md. Bate signed 1	0/16/47

ADING INK. Supply every item of information carefully. The copysicians: please write the causes of death clearly and legibly.

RITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

()8844 Reg. Dist. No. 24

1. PLACE OF DE	ATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Baltimore			***************************************	(For newborn infants give residence of mother)	1
Cily or town			State Maryland county Baltimore		
	ot death? 2			City or town	
	street address where o			(If outside city or town limits, write RURAL and give ner	irest town)
,			& Ware Aves	Street No. Baltimore & Ware Avenu	les
How long in hospital or	Institution?			2.(a) It veleran, name war	
3. (a) FULL NAMI			***************************************		
S. (G) X OLLE WILL			1 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3. (b) Social Security	Number
4. Sex	5. Color or race		d James G. O'Ne	111	١
				MEDICAL CERTIFICATION	30
Male	White	I S:	ingle	20. DATE OF DEATH () C/0 Ber 141847	
S (//) Name at husband	or wife		• ••	21. I CERTIFY that death occurred on the date above stated: that I attended dece	
0.(0) Walke of Husband			A	July 1945 10 Octob	
7. Birih date ot			thalive, give ageyears	and that I last saw h. 1. 127 alive on October	-
deceased (mo., day, y			1887	Immediate cause of death	DURATION
8. AGE: Years		Days	If less than one day	Coronary Thrombosis	Sudden
5	- 1	10			
9. Birthplace	Baltimo	ore, I	faryland	Due to Myo Cardial Daganoration	5345
10. Usual occupation	Paman C		lic Priest	5 1 # 10 11 14	
				Due to Dishetes Mellitus	20475
tt. Industry or business	Matthew	OIN	173		
12. Name			***************************************	Other conditions	***************************************
	Not obt			(Include pregnancy within 8 months of death)	
置 14. Malden name	Margare	t G.	Galligan	Major findings of operations.	
14. Maiden name	Not obt	ainat	ole	Dale of op.	••••••••••
16. Informant	Church	Recor	da	Autopsy results.	······································
	408 N.			PHYSICIAN: Flease underline the cause to which death should he charged	statistically.
Address				22. VIOLENCE: If dealh was due to external causes, fill in the following;	
Bur is	or removal. Which?)	Date there	ot 10/17/47 (month) (day) (year)	Accident, suicide, or homicide	
Compley or exempter	New Ca	thedr	al Cemetery	Where did injury occur?	*******************
Demerciy of Gremator			Maryland		(State)
Location	MI	(100	4 (1	Injured at home, tarm, industry, public place (where?)	
t8. Funeral director	10, 45.	Mea	by and Don	Means of Injury Injured at work?	
Address	805 N. C	a.lver	t Street	23. SIGNATURE Se houle Follows	Mus
19. Oct	16 to 47	a	W. Hedret	720111 KP 1	11.1
				TOWSON	1719/

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08845

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town. (If outside city or town limits, write RUPAL and give newest town) Street No. (If ourside city or town limits, write RUPAL and give newest town) 2.(a) If veteran, name war.
John J. Oster	3. (b) Social Security Number 220-14-9249
4. Sex 5. Color or race 6.(a)Single, tharried, widowed, or divorced White Catherine Steril 6.(b) Name of husband or wife Catherine Catherine 7. Birth date of Catherine Catherine 8. (a) Single, tharried, widowed, or divorced 8. (b) Name of husband or wife Catherine 8. (c) If alive, give age Catherine 9. (c	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 19. 47. 10. 19. 47. 10. 19. 47. 19
deceased (mo., day, yr.) Utril 1, 1872 8. AGE: Years Months Days If less than one day 75 6 24hrsmin.	Immediate cause of death DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation Arrivally 11. Industry or business fictory Pacing Flate Co 12. Name Jacoff Oster 13. Birthplace Jermany	Due to
13. Birthplace Germany 14. Malden oame Gonzad 15. Birthplace Germany 16. Informant Ochul Goster	(Include pregnancy within 8 months of death) Major findings of operations Date of op.
Address 602 Plywouth Good. 17. Burial. (Burial, cremation, or removal. Which?) Cemetery or crematory. Landau Good. Cemetery or crematory. Landau Good.	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location 3801 Frederick Good 18. Funeral director Mr. Mus. John H. Genfel v Son. Address 5311 Edmondson and 19. act 27 19 47 a. w. Helice	Injured at home, farm, industry, public place (where?) Means of Injury 23. SIGNATURE M. D. or others Address 1933 Carl Back - 27 - Bate signed 19/27/10

7	age
	7. The correct legibly.
•	formation carefully. If death clearly and leg
MARGIN RESERVED FOR BINDING	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RE	y, WITH UNFADING INK.
9-45-15M	WRITE PLAINLY, is especially
VS A15 9.45.15	PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

08846

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Sarah Marcella Baker Parker	None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced W	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 21. 21. 22. 21. 21
6.(6) Name of husband or wife. Alexander F Parker 6.(c) If alive, give age. years 7. Birth date of deceased (mo., day, yr.) January 21 1860	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 19
8. AGE: Years Months Days It less than one day 87 8 17 hrs. min.	Impediate cause of death Oursellow Duranton
9. Birthplace	Due to
14. Malden name Davis 15. Sirthplace Unknown	(Include pregnancy within 3 months of death) Major fiadiags of operations
16. Informant A Franklin Parker Address Owings Mills Md	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide
Location (Sykesville) 18. Funeral director, Wm Berryman & Sons	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Reisterstown Md	23. SIGNATURE M. D. or other
19. O 8 1947 Mrs. E Martin	address and allstown Date signed 0/8/47

-NOV 6 1947

PLEASE WRITE PLAINLY, '

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	5	1)

08847

Reg. Diat. No.....

1. PLACE OF DEATN:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunta give residence of mother)
County	State MARY SAMO County SPARROWS Pt.
City or town (if outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL end give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How fong in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Meran Jenne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION /
Famels White lengte	20. DATE DE DEATH OF 2 4 19 19 19 19 19 19 19 19 19 19 19 19 19
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I stranged deceased from
	18 10 Je 12 19 1
7. Birth date of deceased (mo., day, yr.) Oct 27 1872	and that I last saw had allve on 19. Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	aceron of brast 2 years
54 11 27hrsmin.	
9. Birthplace KENT Ca MD. (Town, county, and state)	Due to.
10. Usual occupation NURSE R.N.	
	Due to
11. Industry or business	
12. Name EDMUND BURKE PENNINGTANI 13. Birthplace DEJEWERE	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name MARY ANN TUCKER 15. Birthplace BAITO, MD	Major findings of operations
1	Date of op.
18. Interment \$ 11376Eth SENN191910N	Antopsy results
Address KENNEDY VILLE MD / 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. DUR/F-1 (Burial, cremation, or removal, Which?) Date thereot. / 2 7 2 7 7 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cometery or cromatory S KREWS bury PARISH CEM.	Where did injury occur?
Location TENNEDY WILE MA	Injured at home, farm, Industry, public place (where?)
18. Funeral director Charles & Grans Y landure	Means of Injury Injured at work?
Address 118 St Met Rayel Are	CHX!
(1) 1/2 = 1/2 = 1	23. SIGNATUR
19. (Date rec'd by registrar) Registrar	Address 500 DSt Spanning for 9, has
	10.27.47

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	3	8	0	7	(

CERTIFICATE OF DEATH

Reg. Diat. No.

City or town(13 How long in above pla Hospital, Institution, Vets. A	Fort Howar routside eity or town I ce of death? 9 or street address where dm. Hosp.,	d imits, write R Days death occurred For t. He	URAL and give nearest town)	City or town Dundalk State Maryland Councilly or town limits. Street No. 2956 Sollers Po (If rural, give I	write RURAL and give nea	rest town)
3. (a) FULL NAI			PERFECAN		3. (b) Social Security Unknown	Number
4. Sex	5. Color or race		PETERSON e, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	White		Married	20. DATE DF DEATH October 15.		2.25 A
7. Birth date of	A 30 3	6.(terson 60 years	21. I CERTIFY that death occurred on the date above October 6	47 0ctober	15, 18 47
deceased (mo., day		O7T	If less than one day	Immediate cause of death		DURATION
5. AGE: 56		26	hrsmin.	ventricles		
9. Birthplace Baltimore Md. (Town, county, and state)			state)	Due to Coronary Thrombos		
1D. Usual occupation				Duo to Arteriosclerosis arteries		
		son		Other conditions Chr. nephritis		
12. Name				(Include pregnancy within 8 m		Unknown
			0	Major findings of operations	Dale of po	
TP.	linical Recort Howard,		VetsAdmHosp	Autopay results. Substantiated PHYSICIAN: Pfease underline the easse to wh	ich death should he charged	statistically.
17. Burial, cremati	ial ion, or removal. Which atory Baltis	Date the	Mational	Accident, suicide, or homicide	Date of	(State)
Location	treden	ch ,	Road	injured at home, farm, industry, public place (wh		
tB. Funeral director	-00 11	rfort	Blight his	PAUL PADGET, M.D.	algo. ACT, CLIN. M. BI	
19. P Ragistrar				Address VAH FT HOWARD	MD. Dato signed.	10-15-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

8618849 Reg. Dist. No. 4.4

1. PLACE OF DEATH: Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)		
County Fort Howard	State Maryland County		
(If outside city or town limits, write RURAL and give nearest town)	Roltimore		
How long in above place of death? 1 day	(II outside city of town mints, write BORAL and give nearest town)		
Hospilal, institution, or street address where death occurred:	Sireel No. 16 East Y ork Street		
Vet. Adm. Hospital, Fort Howard, Maryland	(If rural, give LOCATION)		
How long In hospital or Institution?	2.(a) It veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
PFAIFER, John B., Jr.			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DAYE DF DEATH October 11th 1947 ,11:45 P.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from October 10th 19. 47, to October 11th, 47		
7. Birth date of	October 10th 19 Tr. 10 October 11th 47		
7. Birth date of deceased (mo., day, yr.) 5-24-1911	and that I last saw h im alive on October 11th 18 47		
8. AGE: Years Months Days It less than one day	Immediate cause of death ROCKY MOUNTAIN SPOTTED OURATION FEVER, EASTERN VARIETY 2 weeks		
36 4 17hrsmin.	PEVER, BASIERN VARIEIT Z WOORS		
9. Birlhplace Baltimore, Maryland (Town, county, and state)	Due to		
10. Usual occupation Butcher			
	Due to		
11. Industry or business 12. Name John Pfaifer	Diher conditions ECZEMATOID DERMATITIS 9 mos.		
E .	Other conditions		
	(Include pregnancy within 3 months of death)		
E 14. Malden name Lillian (maiden name unknewn)	Major lindings ol operations		
14. Maiden name Lillian (maiden name unknown) 15. Birthplace Peland	Date of op.		
clinical Records Vet.Adm. Hospital	Actorsy results		
16. Informant Fort Howard, Maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
AUUICSS	22. VIOLENCE: if death was due to external causes, fill in the following:		
Burial 17 Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemelery or crematory St. Stanislaus	Where did injury occur?		
	tnjured at home, farm, industry, public place (where?)		
Location Mt. Carmel Road			
18. Funeral director M. F. SADOWSKI AND SONS	Means of Injury Injured at work?		
Address BALTIMORE, MARYLAND	MODIAN OF THE W. D.		
Address	23. SIGNATURE NORMAN OLIVER, M.D. or other		
19. act 14 19 47 a cy bedrick	Address VAH, Fort Howard, Md. Date signed 10-12-47		
(Date rec'd by registrar)	11 Man 622 As to significant the significant sign		

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

08850 44 Reg. Dist. No.

	Acg. Dist. 110
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State
How long in above place of dealh?	City or town
By 376, Jampa R. Hyke lask.	Street No
How long In hospital or Institution?	2.(a) If veleran, name war
3. (a) FULL NAME Joseph Gibbons P	Jav. 3. (b) Social Security Number
4. Sex 5. Color or tree 6.(a) Single, married, widowed, or diversed male while, married.	MEDICAL CERTIFICATION 20. DATE DF DEATH
6.(b) Name of husband or wife Estime Jone, 5.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
62 11 23hrsmin.	Voronary Occlinin Lug
9. Birthplace(Town, pounty, distate)	Due to. ////
10. Usual occupation.	Due to
11. Industry or business 12. Name Douis Offers	Other conditions
El 13. Birthplace Falls. Sharing law	(Include pregnancy within 3 months of death) Major findings of operations.
14. Maiden name Dariek Villemond Rum 15. Birthplace Pally . Inf.	
16. Informant January 200	Autopsy results
Address 2 4 26 2. The part of the second of	*22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
Cemetery or crematory Holy Recommend	Where did injury occur? (City or town) (County) (State)
Location Deliging St.	Injured at home, farm, industry, public place (where?) Meens of injury Injured at work?
18. Funeral director (C.)	2-1:22
Address 24 3 E. Chere 86. Italia	25. SIGNATURE / MICA - M.D. or other
19. Observed by registrar 194 A. W. Hestruck	Address D. J. Date signed D. J.

1. PLACE OF DEATH:

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

469

2. USUAL RESIDENCE (HOME) OF DECEASED:

0	88	5	1	>	D	
Reg.	Diat.	No.		2	-	

county Balto.				(For newborn intents give residence of mother)
City or town	27 Westshi	re Rd.	URAL and give nearest town)	State Md. County Balto
How long in above place of death?				City or town
Hospital, Institution, o	r street address where			Street No. 327 Westshire Rd.
How long in hospital or institution?				(If rormi, give LOCATION)
				2.(a) If veteran, name war.
3. (a) FULL NAM	IE			3. (b) Social Security Number
		TATE	RENCE W. PIQUETT	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
	100		7.1	Q Val
M	W		Divorced	20. DATE DF DEATH Oct. 11.
6 (h) Name of husband	or wife			21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
0.(0) 112			e) the allow wive area	1919
7. Birth date of	***************************************		c) If allve, give ageyears	and that I last saw halive on
deceased (mo., day,	yr.) Aug.	10, 188	38	Immediate cause of death
8. AGE: Year	re Months	Days	It less than one day	
59	2	1	hrsmln.	Welle Cardear Facture
a Birthalasa B	alto. Md.		tate)	Due to.
9. Biringiace	(Town	, county, and a	itate)	
10. Usual occupation.	Retired			met Carelis Voscular despesie
11. Industry or busine	" m	rolor	man	
			tt	Dither conditions
E			F. 24. D	anca Mancrea
				(Include pregnancy witten 3 months of death)
les l				Major findings of operations
15. Birthplace	Balto. Md			Date of op.
			rel	Autopsy results
16. Informant Mrs. Mary B. Wennagel				PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 527 Westshire Rd.				22. V10LENCE: if death was due to external causes, fill in the following;
17. Burêal Date thereof 10/14/47 (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide
Cemetery of Manney Louraine Cem.				Where did injury occur?
LocationB9	lto. Md.			injured at home, farm, industry, public place (where?)
18. Funeral director	MM. J. TI	CKNER 8	L SONS INC.	Meens of Injury Injured at work?
Address Nor	th & Pa. A	ves. Be	1to. 17, Md.	He Mielser wan Be
Rot	14 . 4	7 6	2 W/ Hedrist	23. SIGNATURE M. D. Gener Co.
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)				Address / O/O Reede and Date signe all 47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEA		nore		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
			RURAL and give nearest town)	State Maryland Cou		
How long in above place o	f death? 2 mon	nths,	6 days	City or town	a, write RURAL and give r	nearest town)
Hospital, Institution, or s			ital	Street No. 1006 Fawn St	Location)	
How long in hospital or i	nstitution?2	month	s, 6 days	2.(a) If veteran, name war		
3. (a) FULL NAME	Pasq	ale P	laterote		3. (b) Social Securit	y Number
4. Sex	5. Color or race	6.(a)Sing	rle, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	a Links
male	white		married	20. DATE OF DEATH October 6	19.47	
6.(b) Name of husband of	wifeC	Lara M	artucci	21. I CERTIFY that death occurred on the date abo		
7. Birth date of				July 31 19.		
deceased (mo., day, yr.				Immediate cause of death		
8. AGE: Years	Months	Days	If less than one dayhrsmin.	Acute myocardial f		
	9	- de		Fever, undetermine	9	
9. Birthplace				Due to	***************************************	****
1D. Usuat occupation				Due to	***************************************	*****
11. industry or business			ty			
E		Plate	rote	Dther conditions		
	Italy	C-		(Include pregnancy within 3 r	months of death)	****
14. Maiden name	-	.neop.	agna	Major findings of operations		
15. Birthplace Italy 16. Informant Hospital records			ande	Autopsy results		
Address				PHYSICIAN: Please underline the cause to wh		
VO 1414 50 16117			20, Maryland	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal. Which?) (month) (day) (year)				Accident, suicide, or homicide		
Cemetery or crematory		1	legner	Where did injury occur?(City or town)		
Location	1 1 0	7	elair hand	Injured at home, farm, Industry, public place, (w)	here?)linjured at work?	
1B. Funeral director	Devolu	4/10	Lyguer	Dodne	Trans. A	
Address 313	· S. Neg	1	ud are	23. SIGNATUREIsedore Tuerk		******************************
19. O	8- 19 X-3		Whe buch	Address Catonsville-28, M	Ida note -i	10-6-17
(Date let a paled)	out dl)	- 1	wekistrar.	H AUUIESS	mm.w	

(Date rec'd by registrar)

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Baltinote County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME Clatence Powell	3. (b) Social Security Number
1. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced wido wed	MEDICAL CERTIFICATION 24 October 1947 21 5:45P
B.(b) Name of husband or wife Many Jace ree Cruell 6.(c) It alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 47. to 17. 0 4. 19. 47. and that I last saw h. 1.27. alive on 17. 0 4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 7 5 thrsmin.	Immediair cause ul death DURATION Cerebral Hemorrhage 1 day
9. Birthplace Balto . 6. Med (Town, equity, and state) 10. Usual occupation Sakoner	Due to Arderios clerosis 1eurs
11. Industry or business 12. Name	Other conditions Atterio sterotic heart 1/1. Other conditions Arterio sterotic heart 1/1. (Include pregnancy within 3 months of death)
14. Maiden name. Unelse 15. Birthplace 16. Interment. Mr. Jhoo Beard	Major findings of operations
Address Mentitor, md 17	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Location Sparles med: 18. Funeral director. Dander M. Brooke	Where did Injury occur? (City or town) (County) (State) Injured at home, tarm, Industry, public place (where?) Injured at work?
Address 10-25- 47 Viluer C. Ensor (Date rec'd by registrar) Registrar	23. SIGNATURE halfur T. Kees M. D. or other Address Cockeys o'ille, M. D. ate signed 240ct.1947



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MARYLAND STATE DEPARTMENT OF HEALTH * BALITH OREIGHTYHIBALTH DEPARTMENT

0885471

CERTIFICATI	E OF DEATH
1. PLACE OF DEATH: (a) Baltimore Gry, Maryland (b) Street address 7710 Park Drive (c) Hospital or institution: (d) Length of stay in hospital or inst. (yrs., mos., or days) (e) Length of stay in Baltimore (yrs., mos., or days) 3 (a) FULL NAME William Protzman	2. USUAL RESIDENCE OF DECEASED: (a) State Md. (b) County Parkville (c) City or town Baltimore (If outside city or town limits, write RURAL and give town) (d) Street No. 7710 Park Drive (If rural give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.
3 (b) If veteran, name war No. 4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced. married 6 (b) Name of husband or wife Margaret	26. DATE OF DEATH OCTOBER 1927, at /2/5 M 21. I certify that death occurred on the date above stated; that I attended deceased from October 1947, to October 1947, and that I last saw h/14 alive on October 1947.
7. Birth date of deceased (mo., day, yr.) June 8-1900 8. AGE: Years Months Days If less than one day 47 4 17 Birthplace Germany (Town, county, and atate) 10. Usual Occupation Gas & Electric Co. 11. Industry or business	Due to Other Conditions
12. Name Conrad Peter Protzman 13. Birthplace Germany 14. Maiden Name Johanna Reutzel 15. Birthplace Germany	(Include pregnancy within 3 months of death) Date of operation. Major findings of operation: of autopsy: Underline the eause to which death should be charged statistically.
16 (a) Informant Mrs. Margaret Protzman (b) Address 7710 Park Drive, 14 17 (a) Burial (b) Date thereof (10-28-47) (Burial, cremation, or removal) (month) (day) (year) (c) Cemetery or crematory Moreland Memorial Location Baltimore, Md. 18 (a) Funeral director Leonard J. Ruck (b) Address 5305 Harford Road 19 (a) 10 21 40(b)	22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide. (b) Date of occurrence
(Date rec'd by registrar) VS 150	Address 75 15 laylor for Date signed 10 45 47

BINDING

RESERVED

1. PLACE OF DEATH:

VS 150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

2. USUAL RESIDENCE OF DECEASED:

Registered No

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

1. PLACE OF DEATH: County Balto City or town Reisterstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 53 yrs Mospital, inetitution, or street addross where death occurred: How long in hospital or institution? 3. (a) FULL NAME Charles H. Roach 4. Ses 5. Color or raco 6. (a) Single, married, widowed, or divorced Male White Married 6. (b) Hame of husband or wife Marion L. Roach 7. Birth date of deceased (mo., day, yr.) June 6, 1865 8. AGE: Years Months Days If less than one day Roach Roa				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
4. Ses	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH October 8		5:45P
7. Birth date of		6.(0) If alive, give ageyears	21. I CERTIFY that death eccurred on the date about 7-26-137 s. and that i last saw h im alive on not	ove stated; that tattended docean teteLO24! tseen_alive	ed from 4719
8. AGE: Years	Months	Days	If less than one day	Arteriosclerotic C Secondary Anemia	V. Disease	**************************************
10. Usual eccupation 11. Industry or busines H 12. Name Cha	Nowe strict Edw Virgini	ard R	oach	Oue to		
15. Birthplace	Clear Sp	ring !	and	Major findings of operations. NONE.	Date of op	··· 5050 6 · · · c · · c · · c · · · · · · · · ·
Address Re 11 Burial (Barial, cremation Cometery or cremate Location 18. Funeral director Address	or removal. Which?) Druid Balto.Co J.F.Elin Reisters	wn, Md Date there Ridge e & S town,	of Uct.27,1947 (month) (day) (year)	PHYSICIAN: Please underline the cause to with 22. VIOLENCE: It death was due to externat cau Accident, suicide, or hemicide	hich death should be charged si uses, fill in the fellewing; Bate of	atistically. (State)

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RELABORO EL VOLUMBAD

OCT 30 1947

DODGE SEVER STANDARD

2411 N. Charlee St., Baltimore

2:25 P

OURATION Sudden

Unknown

CERTIFICATE OF DEATH

/		CHILITICAL	2 01 221111	Reg. Dist. No	
1. PLACE OF DEATH: County Beltimore Cily or town Fort Howar (17 outside city or town How long in above place of death? 10 Hospital, institution, or street address whe Vets Adm Hesp. How long in hospital or institution? 10	d limits, write in Days re death occurre	CURAL and give nearest town) I: Ward, Maryland	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of State Maryland Cou Baltimore (If outside city or town limits Street No. 1239 Maiden Cho (If rurel, give 2.(a) If veteran, name war. WW-2.	oty Balto Co. a, write RURAL and give nearest ice Road LOCATION)	t town)
3. (a) FULL NAME Rev. PAUL	J. ROE	TLING		3. (b) Social Security Nur None	mber
4. Sex 5. Color or race White	6.(a)Sing	e, married, widowed, or divorced	2D. DATE OF DEATH October 17,		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months	95 Days	c) If allve, give ageyears	21. I CERTIFY that death occurred on the date about the control of	47 October 17 bber 17,	.319
52 7 9. Birthplace Buffalo, Ne 1D. Usual occupation Minister 11. Industry or business	ii, country, and	state)	Due to Carcinoma of Liver		Unka
	N.Y.	r	Other conditions	months of death)	
16. Informant Clinical Reconstruction Fort Howard Address 17. (Burial, cremation, or removal, Wysic Cemetery or crematory Location) 18. Funeral director	rd, Mar	ets. Adm. Hosp. yland reof Oct. 21/94 (month), (day) (year) a Mallonal Addustated	Actopsy resolts	ed above hich death should be charged statuses, fill in the tollowing; Oate ot (County) (S	tistically

FOR BINDING RESERVED MARGIN WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

especially PLAINLY, is especially

WRITE

PLEASE

A15 SA

Date signed 10-17-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Trechage is especially important. Physicians: please write the causes of death clearly and legion

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

t., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Diat. No.

L PLACE OF DEATH: County BALTIMORE	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Md. County BALTIMORE
Gity or town	City or town BUTLER (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, tustitution, or street address where death occurred:	Street No. STRING TOWN ROAD
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME May Rorke	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W WIDOWED	
	20. DATE OF DEATH 19 47 at 4 A. M
8.(b) Name of husband or wife SAMUEL E.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.10 to Oct 19.77
7. Birth date of	and that I last saw here alive on Oct. 1947
accessed (meri ask) has	Immediate cause of death
o. Adi.	artino dustico heat
69 3 17hrsmin.	diase
9. Birthplace	Due to
10. Usual occupation	Due to
11. Industry or business OWN HOME	
12. Name. LOUI-S FOUNTAINE 13. Birthplace N. J.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name RACHAEL 15. Birthplace N. J.	
N.J.	Major fiadings of operations
15. Birthplace	Date of op.
18. Informant ALLEN RORKE	Autopsy results
Address STRING TOWN ROAD MARKE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
DUNIAL " OCT. 25 1947	22. VIOLENCE: If death was due to external causes, fill in the following;
17. BORIAL Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory MORELAND MEM. PARK	Where did injury occur? (City or town) (County) (State)
Location PARITUILLE, MARYLAND	Injured at home, farm, industry, public place (where?)
18. Funeral director WILLIAM COOK INC.	Meens of Injury Injured at work?
Address 1217 ST. PAUL ST.	23. SIGNATURE Elizabath B. Shurill 1 M. D. or other
19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Address Cockeysville Md. Date signed 10/21/47
Registrar	THE PARTY OF THE P

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

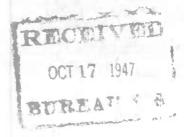
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08860

CERTIFICATE OF DEATH

Reg. Diat. No. 35

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothet) Slate AT. X A. Couoly D. X. Couoly			
How long in hospital or Institution?	2.(a) If veleran, name war			
3. (a) FULL NAME F M ANY e / / / MeY A Sex 5 Color of face 6.(a) Single, married, widowed, or divorced	Rosier. 7/7-07 8879.			
Male White Married. Male White Married.	MEDICAL CERTIFICATION 20. DATE OF DEATH OC to be r 7 1947 22,30 P. M.			
6.(b) Name of husband or wife Maxxy Bell Kosier. 6.(c) If allve, give age 6.3. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from			
7. Birih date of deceased (mo., day, yr.) ADY / / 0, 1883.	and that I last saw h			
8. AGE: Years Months Days It less than one day 4 5 2 7	Immediate cause of death 3 day			
9. Birthplace Parkton, Md. R.D. (Town, county, and state)	Due to			
1D. Usual occupation Watchinan 11. industry or business Railroad.	Due to			
E 12. Name Abijoth Rosier	Other conditions Chimorie hepluritis			
13. Birthplace Tark Ton, // 0.	(Include pregnancy within 3 months of death) Major findings of operations.			
\$ 15. Birthplace By To, Co., Ald.	Date of op.			
16. Informant Mary B. Society	Antopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.			
Address Arkson, D. L. 1916.	22. VIOLENCE: It death was due to external causes, till in the tollowing;			
17. Burial, cremation, or removal, Which?) Bate thereof C. T. (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory Pine Grove 4. B.	Where did injury occur?			
Localion fark ton Md R.D.	Injured at home, farm, industry, public place (where?)			
18. Funeral director Dacab Harbenslen	Msens of Injury tnjured at work?			
Address Prew Fireedom, Oa	23. SIGNATURE Of . Mr. France			
19. Oct 16 (1842) College of Figure (Date rec'd by registrar) Registrar	Address Garleton 2nd Bate signed 10/9/x7			



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0001

Reg.

0001	11/
Diat. No	44

Supply every item of information carefully. The case write the causes of death clearly and legiply. WITH UNFADING INK. Suprimportant. Physicians: please

MARGIN RESERVED FOR BINDING

4. Sex

1. PLACE OF DEATH:

How long in above place of death?

How long in hospital or institution 3. (a) FULL NAME

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

8. AGE:

B. Birthplace

FATHER

10. Usual occupation 11. Industry or business

> 12. Name 13. Birthplace 14. Malden name 15. Birthplace

16. Informant Address

Cemetery or crematory

(Burial, cremation, or removal, Which?)

Hospital, institution, or street address where death occurred:

5. Color or rac

9.45-151	PLEASE WRITE PLAINLY, V
VS A15	PLEASE

	Location .		00.	Oal	00	
l	18. Funeral	director /	V 11.	THU	lu	
	Address	6233	4 Jel	lesso	- 19	
	A	1 .4	() shall	10 111	Mad.	1
	19. Chate r	ec'd hy registrar)	19.4	a.u	year	Registrar
1.				-	70	

city or town limits, write RURAL and give nearest town)

If less than one day

2. USUAL RESIDENCE (HOME	E) OF DECEASED:
State MA.	County Sall
City or town(12 outside city or town	limits, prite RURAL and give nearest town)
Street No.	give LOCATION)
2.(a) If veteran, name war	, 2
	3. (b) Social Security Number
	CERTIFICATION
20. DATE DE DEATH. Octob	~ 10 19 × 7, 21 7 0 M
	ite above stated; that Lattended deceased from
January	
and that I last saw h	Oct 9 18 42
Immediate cause of death.	· Heart Ois DURATION
Due to	
Due to	
Other conditions Classical	bundi, Li!
(Include pregnancy with	hin 3 montha of death)
Major fladiogs of operatious	
The second secon	
Autopsy results	to which death should be charged statistically.
22. VIOLENCE: If death was due to extern	nal causes, fill in the following;
Accident, suicide, or homicide	
Where did injury occur?(City or to	own) (County) (State)
Injured at home, farm, Industry, public pla	
Mesns of Injury	Injured at work?
	7
23. SIGNATURE	M. D. or other
Address 620 DSF.	12 (9 Date signed 10:10:4)
	Manager and the second

VS A15

edrrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

08862 Reg. Dist. No. 40

1. PLACE OF DEATH. County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For hewborn inferits give residence of mother) State
4. Sex 5. Cotor or race 8.(a) Single, married, widowed, or divorced	MEDICAL GERTIFICATION
8.(b) Name of husband or wife	2D. DATE DF DEATH
T. Birth date of deceased (mo., day, yr.) Mov: 1-1881	and that I last saw n alivy on 19
8. AGE: Years Months Days If less than one day	vasiple crowing: with orchision 10/2/47
9. Birthplace	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name Mario C. Fisher 15. Birthplace	(Include pregnancy within 3 months of death) Major fiadings of operations
18. Informant	Antopsy results
Address fill ave 1304 128 Jourson 4 Mg 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemelery or crematory. For M. T. Com.	Where did injury occur?
18. Funeral director Classific E. Outlier	Means of Injury Injured at work?
19. (Date rec'd by registrar) Address 19. (Date rec'd by registrar) Out 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23. SIGNATURE M. D. or other Address Toward Date signed 10 2147

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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

CERTIFICATE OF DEATH

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1. PLACE OF DEATH: County Galtinian	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown (If outside city or town limits, write RURAL and give nearest town)	State Md County Balliman
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6518 / Sanlury Rd
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Shace Irma Sc.	henkel 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale White Tengle	20. DATE OF DEATH October 2/ St 19.47 , at 10 A M
	21. I CERTIFY that death occurred on the date above stated; that I ettended decayed from
6.(b) Name of husband or wife	114 19 45 10 10/2/1947
7. Birth date of	and fhel I last saw h. 8. 2 alive on
deceased (mo., day, yr.) / Teherelases 7, 1881	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Immediate cause of death.
66 8 14hrsmin.	(stoney Cherbon Susala
9. Birthpiace mary land	Bue to Others Selection
(Town, county, and state)	Cardioloccular
10. Usual occupation /ZOXL	Bue to Reval decesar 10 400
11. Industry or business . None	
# 12. Name Thomas Schenkel	Dither conditions / Dy pell representations
12. Name Morris Schenkel 13. Birthplace Masuland	
# 14. Maiden name Susans Riston	(Include pregnancy within 3 months of death)
15. Birthplace Maryland	Major findings of operations.
	Date of op
18. Informant Mrs Summus Schenkel	Autopsy results.
Address 6/20 Baseleury Kel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13. 1. 12	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Dale thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory net Cheset	Where did injury occur?
Location Jalalysiak June	Injured at home, farm, Industry, public place (where?)
18. Funeral director John J. Klenny Juc, Costo	Misens of Injury Injured at work?
Address 7/4 Dight st.	23. SIGNATURE
19. Date rec'dly registrar	Address Date Yack Rd M. D. or other 47

York Rd . Stevenson Jane

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11	24	24	2.

CERTIFICATE OF DEATH

Reg. Dist. No.

CountyB altimore			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md. Baltimore City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)		
How long in above place Hospital, institution, or How long in hospital or	street address where	death occurred:	Street No. 20 N. Rolling	Road LOCATION)	
3. (a) FULL NAMI	E	ORGE PHILIP SCHULBE		3 (b) Social Security	y Number
4. Sex M	5. Color or race	8.(a)Single, married, widowed, or divorced Widower		ERTIFICATION 37, 1947	,6.30A
	37 4	nerine Elizabeth 6.(c) Halive, give age years	21. I CERTIFY that death occurred on the date ab	39 10 Oct - et - 27 -	27- 19.47
8. AGE: Years 78		Days If less than one day 16 min.	Chr. Myscarditis	•••••••••••	1. mt.
11. tedustry or busines	Real Es	eounty, and state)	Due to.	Uma	15:195
13. Birthplace	Germany Margaret	Miller	(Include pregnancy within 3 Major findings of operations		
16. Informant M;	rs. Carri	e Kimple	Autopsy results	which death should he charge	************
Cemetery or cremate		Ridge Cemetery	Accident, suicide, or homicide	Date of	
18. Funeral director	HENRY SA	Maryland ANDER & SONS, INC. VE. & BROADWAY	Injured at home, farm, Industry, public place (Injured at work?	
19	29 19 4	0 11 11 1	23. SIGNATURE. Address. Address.	/// //	0, or other 10 - 28 - 4

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

State. Tows on 4, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? AMAGA. MAGA.
How long in above place of death?
Hospital, institution, or street address where death occurred: Eudowood Sanatorium, Towson 4, Maryland Street No. 399 Riddle of Card (If runkl, give LOCATION) 2.(a) If veteran, name war 3. (b) Social Security Number 2.45 \(\frac{2}{2}\) 2 - 5 3 49 4. Sex 5. Color or rach 6.(c) If alive, give age 9. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on that date above stated; that I stended deceased from 13. (c) If alive, give age 9. DATE OF DEATH 21. I CERTIFY that death occurred on that date above stated; that I stended deceased from 13. (d) Policy Control of the control of that I alive, give age 13. (e) If alive, give age 13. (e) If alive, give age 13. (e) Outstand, 19. (f) In alive, give age 13. (e) Outstand, 19. (f) In alive, give age 13. (e) Outstand, 19. (f) In alive, give age 20. DATE OF DEATH 21. I CERTIFY that death occurred on that date above stated; that I stended deceased from 22. (a) If alive, give age 3. (b) Social Security Number 2. (a) If veteran, name war 2. (b) Social Security Number 2. (c) DATE OF DEATH 22. DATE OF DEATH 23. (d) Social Security Number 24. Sex 24. Sex 25. Color or rach 26. (e) If alive, give age 37. Birth date of 28. (e) If alive, give age 38. (e) If alive, give age 39. (e) A A A A A A A A A A A A A A A A A A A
How long to hospital or institution? Since May 6, 1946. 3. (a) FULL NAME 3. (b) Social Security Number 2. (c) If veteran, name war. 4. Sax 5. Color or rach 6. (a) Single, married, pildowed, or divorced Fundl 6. (b) Name of husband or wife 124 2 2 3 4 3 4 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5
How long to hospital or institution? Since May 6, 14.4 (2.a) if veteran, name war. 3. (a) FULL NAME 4. Sax 5. Color or race 6. (a) Single, married pidowed, or divorced Fundly 6. (b) Name of husband or wife 12. (a) if veteran, name war. MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on tha date above stated; that I attended deceased from 13. (b) Social Security Number 24. Sax 20. DATE OF DEATH 21. I CERTIFY that death occurred on tha date above stated; that I attended deceased from 21. Birth date of 22. (a) tf veteran, name war. 23. (b) Social Security Number 24. Sax 24. Sax 25. Color or race 26. (c) Name of husband or wife 27. Birth date of 28. (c) If alive, give age 3. (d) To serve war. 29. DATE OF DEATH 20. DATE OF DEATH 21. I CERTIFY that death occurred on tha date above stated; that I attended deceased from 21. Sax of the color of the col
4. Sex 5. Color or rach 5. (a) Single, married pidowed, or divorced final bring by the first of beath CERTIFICATION 6. (b) Name of husband or wife Culturaries and forced wife give age years 7. Birth date of 1947 1947 1947 1947 1947 1947 1947 1947
Funal White Schotlety 6.(b) Name of husband or wife Unknown Wile William Wildows 20. DATE OF DEATH October 20. DATE of DE
8.(6) Name of husband or wife. Control of the latter of t
8.(6) Name of husband or wife Uukuguu 221. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1. Birth date of 24. A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
8,(c) Name of husband or wife 8,(c) If alive, give age years 7, Birth date of 2 and that I last saw h 12 alive on October 1947
7. Birth date of 2 1 1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1
I, BITTO QUE OI
deceased (mo day vr)
8. AGE: Years Months Days tiless than one day
371 10 22 hrs. min.
- Spirit
9. Birthplace of Mulliman and state of the s
Medical Shirter
10. Usual occupation. Machine Official Due to.
11. Industry or business
12. Name Luthus Dunke Diher conditions
E a grande Via Ciacia
(Include pregnancy within 8 months of death)
Hajor findings of operations.
15. Birtholace Wighing Date of op.
Personal history - hospital Records
16. Informant Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Eudowood Sanatorium, Towson 4, Md. 22. VIOLENCE: tf death was due to external causes, fill in the toltowing:
134412
(Burial, cremation, or removal. Which?) (month) (day) (year) (Accident, suicide, or nomicide.
Cemetery or crematory Parking (County) (State)
location Taylor ave Injured at home, farm, Industry, public ptace (where?)
Location Means of injury trijured at work?
18. Funoral director Soward 1. Osugh
Address 4914 Belair Rojas
23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19 Registrar Address Towson 4, Maryland Date signed 10-20-16

2411 N. Charles St., Baltimore

486

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Catherine Sh	3. (b) Social Security Number
4. Sex Cernale S. Color or race Cernale S. Color or race S. (a) Single, married, widowed, or divorced S. (b) Name of husband or mile S. (c) Name of husband or mile S. (c) It alive, give age years T. Birth date of deceased (mo., day, yr.) R. AGE: Years Months Days It less than one day	MEDICAL CERTIFICATION 2D. DATE DF DEATH
9. Birthpiace	Due to. Due to. Dither conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the case to which death should be charged statistically.
Address 73 Zenship Rd. Dundalle 17. Dear Sportation Bate thereof Clet. 12 - 47 (Hurial, eremation, or removat, Which?) Cometery or crematory Location Taynesburg Pa: 18. Funeral director Dear Sense Address 418 Castern for Castern Consulty (Date ree'd by registrar) Registrar	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

8. AGE:

Registered No ... (If outside city or town limits, write RURAL and give town) (If rural give log tion) (e) Citizen of foreign country?......(Yes or No If yes, name country..... MEDICAL CERTIFICATION 21. I certify that death occurred on the date above stated; that lattended deceased from March 30 19 Vot. to Duration

PHYSICIAN (Include pregnancy within 3 months of death Underline the

> cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:

(b) Date of occurrence.....

(City or town)

(d) Did injury occur about home, on farm, industrial place, in publicWhile at work?

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Rog. Diat.	No	
CEASED:		14
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CERTIFICAT	E OF DEATH Rog. Diat. No.
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: For recoord infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph SIMMONS, Joseph	h
4. Sex Single, married, without, or divorced Single Single	20. DATE OF DEATH. OF THE WILLIAM 16 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) April 15th 1916	and that Mast saw halive on
8. AGE: Years Months Days If less than one day 3+31 6 /	Clave of 3rd Ret of Orly
(Town, county, and state)	outs (Claude)
10. Usual occupation	Due to
12. Name. Name. 13. Simmous 13. Birthplace 13. Birthplace	Diher conditions
14. Maiden name Marry E. Kruly 15. Birthplace Md Md	Major findings of operations
0. 10.011	
16. Informant Margaret ME Kenna	Autopsy results
Address 3/49 Clause War. 17. Burial Date thereof (month) (day) (year) Cemetery or crematory Meadour Rodge	22. VIOLENCE: If death was due to external causes, fill in the following: / 0 / (6 / 4 / 5) Accident, suicide, or homicide
Location Dorsey md.	Injured at house, farm, industry, public place (where?)
18. Funeral director. William Cook Suc.	Means of injugate out h Tlaur Injured at work?
Address /2/7 St. Paul St.	23. SIGNATURE THE Examina, Saut of grants
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Delle Lack - VY Wy Date signed 17.6 (x)

WITH UNFA

PLEASE WRITE PLAINLY, is especially

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BINDING

MARGIN RESERVED FOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County Balt			••••••••••••••••	14.4		
City or town	utside city or town l	imits, write RU	RAL and give nearest town)			
How long in above place	of death?			City or town		
Hospitat, Institution, or	street address where	death occurred:		4323 Belmar	Ave.	
				TI.	re LOCATION)	
How long in hospital or	Institution?			2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME CLARA MAY SMITH			3. (b) Social Securit NONE	y Number		
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	W	idowed	20. DATE DF DEATH October		2:40A.
6.(b) Name of hueband	or wife	ry G.	Smith	21. I CERTIFY that death occurred on the date at April 1st,	46 to Oct.	6th 1947
7. Birth date of	ga-+	90+h	If alive, give ageyea	and that I last saw hative on		
deceased (mo., day, y		28th,	If less than one day	Immediate cause of death		DURATION
8. AGE: Years				Cerebral Hemory	rhage	2 Meeks
8	7 0	8	hrsml	Myocardial Insufi	riciency	3 weeks
9. BirthplaceM	aryland	**********************	>>1>>>	Due to		
9. Birthplace		Arterio-scleros	is	10 yrs		
tO. Usual occupation	housewi	re	***************************************	Due to		****
11. Industry or busines					***************************************	***************************************
当 12. NameWm	Steven	S	***************************************	Dther conditione	***************************************	
	Maryland			(tnclude pregnancy within 3		.,
X	Chaigti	ne Ros	lkey			
14. Maiden name.	CHEISCI	.11011.0.0		Mrglot undrags at abetwenns		
14. Maiden name.	Marylan	ıd			Date of op	
16, Informant Mi	ss Nelli	e Smit	h	Autopsy results		1 - 2-2 - 10 -
			Balto.6, Md.	PHYSICIAN: Please underline the cause to		ed statistically.
hand of	O DOLINO,	- 44	20/0/47	22. VIOLENCE: If death was due to external co		
(Burial cremation	or removal. Which	. Date there	of 10/9/47 (month) (day) (year)	Accident, eulcide, or homicide		
			***************************************	Where did injury occur?(City or town)) (County)	(State)
				11		
		//	0 11	Meens of injury	Injured at work?	
t8. Funeral director.	harral	me Ita	meral Worl	wicens of injury	mjures at nork!	
	ol Belai			I Sucht	Rus	-
		. Oa.	29 R. I	23. SIGNATURE	М. 1), or other
19, 44	- 19 4°	ma	a. L. Reformila	ar Address 1W. Overlea Ave	Date signe	10/6/47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: BALTIMORE COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State MD. County BALTS
City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1001 W. JOPPA, RD
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) I1 veteran, name war
3.(a) FULL NAME SISTER MARY JOSE	PITINE Smith 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20, DATE OF DEATH 9 08. 1967 at 10:300 M
6, (b) Name of husband or wife	21. I CERTIFT that death occurred on the date above stated; that t attended deceased from
	15thq. 147 1, 908. 1,47
7. Sirth date of	and that I last saw here alive on 202.
deceased (mo., day, yr.) JHN, 8, 1870	Immediate cause of death
8. AGE: Tears Months Days It less than one day	Carcinous of Sioners
77 9 1hrsmin.	
PHILH, PH	Due to.
9. Birthplace PHILH PH (Town, county, and state)	USE TO.
10. Usual occupation	Due to.
11. Industry or business CONVENT	
12. Name THOMAS SMITH 13. Birthplace IRELAND	Other conditions
N 13. Birthplace IRELAND	
14. Maiden name MARY MEEHAN 15. Birthplace FRELAND	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace FRELHND	Gesiere Carcinome Swager late of op. 16 Aug 97
18 Informant RECORDS OF MISSION HEAPERS CON	Exercises results.
Address 1001 W. JOPPIA RD, TOWSON	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R 112/41 10/11/47	22. VIOLENCE: It death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) (month) (day)/(year)	Accident, suicide, or homicide
Cemetery or crematory MISSION HELPERS CONVENT GRO	Where did injury occur?
Lecolog 1001 W. JOPPH RD. TOWSON	Injured at home, 1arm, Industry, public place (where?)
18 Every director Se. Vermon Lemman.	Means of Injury Injured at work?
Address 4611 PR. HGTS, BALTO. CITY	L Doc L
ADDITION OF THE PORT OF THE PO	23. SIGNATURE
19. (Date/rec'd by registrar)	Address 4 Bulley & St. 10000. 4 Date signed to 03.97

VS A15

2411 N. Charles St., Baltimore

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08871

CERTIFICATE OF DEATH

Reg. Dist. No. 57

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)
County 62 allmore	State Marsland County Baltimore
City or town. Spall's Rural (If outside city or town whits, write RURAL and give pearest town)	C 1 1 0 1 1
How long in above place of death? 45- Gears	City or town (If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Jose Col.
	(If rural, give LOCATION)
How long in hospitat or institution?	2.(a) If veteran, name war
3. (a) FULL NAME muchael G. C	Suoskey 3. (b) Social Security Number 212-26-5765
4. Sex 5. Color or race 6.(a) Single, married, widower, or divorced	MEDICAL CERTIFICATION
M W Married	20. DATE OF DEATH Oct. 30 1047 11 11 15
8. (b) Name of husband or wite Reeles ree Sloye	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10.2	1955-10 Oct. 30 1947
7. Birth date of decased (mn. day, vr.) May 22, 1893	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate camp of death DURATION
5-4 5 8hrs.	min.
Bean con	Que ta
9. Birthplace (Jown county, and atate)	00014
10. Usual occupation.	Bus to
11. Industry or business Dlanke & Deelcee Mfg	6
12. Name Underson	Bither conditions queenly etarters
∑ 13. Birthplace	selvou.
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
El 15. Birthplace	
16. Informant Mas My Drustey	Autopsy results
Address , Sparly and.	
(Burial, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burisi, eremation, or removal. Which?) Bate thereol. (month) (day) (year)	
Cemetery or crematory State Coulc	Where did injury eccur?
Location Distles Marylana	Injured at home, farm, Industry, public place (where?)
18. Funeral director Landon m. Biogr	Means of injury Injured at work?
Address Sparly and	Qb. France
Oct.51- 47 Wilmer C. Ensor	23. SIGNATURE A. M. D. or other,
19	strar Address Tarkton hid Date signed 10/31/4

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

45 G

(!8872 Reg. Dist. No.....

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Baltimore	Z. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County
City or town Fort Howard Maryland (If outside city or town limits, write RURAL and give nearest town)	Baltimore
How long in above place of death? 16 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2328 W. Lexington St.
Vets. Adm. Hosp. Fort Howard, Md.	(If rural, give LOCATION)
How long in hospital or institution? 16 days	2.(a) If veteran, name warWW—2
3. (a) FULL NAME	3. (b) Social Security Number
CHARLES B. STEVENSON	218-07-9651
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH October 25 19.47 212:00A 1
6.(b) Name of husband or wife Pauline Stevenson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	October 9 19 47 10 October 25 19 47
M 44 H 4 A	and that t last saw h. imalive on October 25
deceased (mo., day, yr.) November 4, 1912	Immediate cause of death
8. AGE: Years Months Days It less than one day	Tuberculosis, pulmonary, advanced,
34 11 21hrsmin.	bilateral 16 plus
9. Birthpiace Govanstown, Md. (Town, county, and state)	Due to
1D. Usual occupation unemployed	Due to
11. Industry or business	
= 12 Name Arthur Stevenson	Other conditions Carcinoma of tongue 9 mosplus
12. Name Arthur Stevenson 13. 8irthplace unknown	Tuberculosis of ileum, slight 16days plu (Include pregnancy within 3 months of death)
14. Maiden name No	Major findings of operationsNo.ne.
14. Maiden name Nellie Pumphrey 15. Sirthplace Maryland	Date of op
18. Informant Clinical Records, Vets Adm. Hosp.	Actopy resoltsSubstantiated above
Address Fort Howard, Maryland	PHYSICIAN: Please noderline the cause ta which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof (month) (day) (yeer)	Accident, suicide, or homicide
Cemetery or crematoryBaltimoreNationalCemetery	Where did injury occur?
Location 5501 Frederick Rd. Balto.Md.	Injured at home, farm, Industry public place (where?)
18. Funeral director William J. Tickner & Sons	Misans of Injury Injured at work?
Address North & Pennsylvania Aves. Balto.Md.	Storge Store
	23. SIGNATURE GEORGE LEANER, M.D. M.D. or other VETERANS ADMINISTRATION HOSP. M.D. or other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address FORT HOWARD, MD. Date signed 10-25-47

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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08873

CERTIFICATE OF DEATH

	TOS. DIET TO MINISTER
1. PLACE OF DEATH: / _	2. USUAL RESIDENCE (HOME) OF DECEASED:
county 137/Timore-	State A.T.Y. J. N.d. County D. J. L. M.O.T.C.
City or town	01 1 12 14
How long in above place of death? 76 years.	City or town (11 outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Ray Ville.
	(If ratal, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME / / D. J. C.	3. (b) Social Security Number
John E. Olittl	er.
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed.	20. DATE DE DEATH OCTO DEY 20, 19 47 21 4:15/m
6.(b) Name of husband or wife Gertrude R. Stittle)	21. I CERTIFY that death occurred on the date above stated: That I attended deceased from
6.(c) If alive, give ageyears	1919
7. Birth date of	and that I last faw Collection Coll accured 19
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION
76 9 2/nin.	Conview contra
9. Birthpiace Parkton, Md. R.D	Due to
Town, county, and state,	
1D. Usual occupation	Due to
11. Industry or business	
12. Name Oohn Stiffer	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Sarah Baublitz.	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant or k & Stiffler	Autopsy reaults
Address Parkton, Mo. R.D.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Dat 12 104.	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal, Which?) But thereof (month) (daw (year)	Accident, suicide, or homicide
Cemetery or crematory Line Grove LUB.	Where did injury occur?
Location Park ton Md XRDX	Injured at home, farm, Industry, public place (where?)
18. Funeral director Lancol Haylunslein	Msans of Injury Injured at work?
Address Meur Freedom. Pa	(1) 2
AUDIESS PARTY OF THE PARTY OF T	23. SIGNATURE M. D. of other
(Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address On Alton bate signed 10/22/4
(Date ree'd by registrar) Registrar	AUGIESS



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE

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MARGIN

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Mount Wilson	State Maryland County Pr. George
City or town Mount Wilson (If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr. 6 mos., 17 days Hospitat, Institution, or street address where death occurred: Mt. Wilson	(If outside city or town limits, write RURAL and give nearest town)
Branch, Md. Tuberculosis Sanatorium	Street No. (If rural, give LOCATION)
Dranch, 20, 10 Det Curtos is Dana Corre	
How long in hospitat or institution? 1 yr., 6 mos., 17 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Newell Major Swartz 5. Color or race S. (a) Single, married, widowed, or divorced	579-01-4796
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	2D. DATE OF DEATH October 13, 19 47 3, 9:50P M
6.(b) Name of husband or wifeHarrietSwartz	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
s (a) If allow give and 2.7	March 26 19 46 10 Oct. 13, 19 47
7. Birth date of Nove 317 3035	and that I last saw h im alive on October 13, 19 47
deceased (mo., day, yr.) IVIA y 17, 1910	Immediate cause of death
o. Age:	Pulmonary Tuberculosis 2 yrs
07 7 2 1 27	9 mos
9. Birthplace Warm Springs Va. (Town, county, and state)	Due 1. Tuberculous Empyema 1 yr.
1D. Usual occupation Clerk	
	Due to
11. Industry or business	Other conditions None
12. Name. Newell I. Owaltz, 13. Birthplace Natural Bridge, Va.	Other conditions AN. O.11 E.
2 13. Birthplace Waltural Driuge, va.	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Givney 15. Birthplace Mint Springs, Va. 18. Informant Newell M. Swartz	Major findings of operations No operation
2 15. Birthplace Mint Springs, Va.	Date of op.
18. Informant Newell M. Swartz	Autopsy results
Address Brandywine, Pr. Geo. Co., Md.	PHYSICIAN: Please underline the cause to which death abould be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date Ihereof Oct. 16, 194' (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Ivy Hill Cemetery	Where did injury occur?
Location Laurel, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director DeWitt Donaldson	Means of Injury Injured at work?
Address Laurel, Md.	Stewart & Shaffer mid
0 1 20 1 1	23. SIGNATURE M. D. or other
19. 10/13/47 19 Carl Wabsler (Date ree'd by registrar) (Date ree'd by registrar)	Manust William Md 30/13/49



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baitimore

08875

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: 2	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md County Balto.
City or town. (If outside city or town limits, write RUIAL and give nearest towo)	matt. In daller
How long in above place of death? A. W.	(If ootside city or town limits, write RUEAL and give ocarest town)
Hospital, Institution, or street address where doubt occurred:	Street No. Carke Heights are
6 wp mil mil	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Else Jenten Symings	
4. Sex 5. Color or race 6.(a) Single, married, yldowed, or divorced	MEDICAL CERTIFICATION 30
I W. Wilnut.	20. DATE DE DEATH 6 20 1947, at 3 PM
Donald = F. Summa	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
6.(b) Name of husband or mile.	no 1945 10 45 10 6ct 20 1047
7. Birth date of June 24, 1884.	end that I last saw he alive on 6ct 20 19 47
deceased (mo., day, yr.)	Immediate cause of death, DURATION
8. AGE: Years Months Days It less than one day	Caran ma Breat. 1940
63 3 26hrsmin.	
8. Birthplace Baltimore, Mary land.	Due 10
(Town, county, and state)	
tO. Usoal occupation	Due to
11. Industry or business	
12. Name J. Hillen Jenkins. 13. Birtholoce Baltimore, Mayland.	Other conditions gen miles (2005) 1746
	(Include prognancy within 8 months of death)
14. Maiden name Rebecca Smith. 15. Birthplace Baltimore, Wayland.	
5. Birthplace Raltimore, Hayland.	Major findings of operations. Date of op.
Out the fit	Autopsy results.
01 1- 71- 1	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Build. Date thereof (month) (day) (year)	Accident, suicide, or hamicide
Cemetery or cromatory St. Thomas.	Where did injury occur?
Garrison Televilandi.	tnjured at home, farm, lodustry, public ptace (where?)
LOCATION	Means of Injury tnjured at work?
18. Funeral director Henry W. Teukius + Some.	means of injury
Address Orchard & W Cullol St., Balto. Md.	(Tole H Williams
Daxal HD XIII X51 1	23. SIGNATURE M. D. or other
(Deta reg's by regristrar)	Address Pikes well 8- We pate signed Cof 20.47

830	
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2411 N. Charle	a St., Baltimore 830
CERTIFICAT	E OF DEATH Rog, Dist. No. 38
DEATH: (If outside city or town limits, write RURAL and give neurest town) place of death? n, or street address where death occurred: MUDD tai or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rurai, give LOCATION) 2.(a) It veteran, name war.
AME Slongelland	Multon Tall 3. (b) Social Security Number
S. Color or roce S.(a) Single, married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. O TWILL 25 19.47 21 2 P. M.
band or wife. Ella a O Tall S.(c) It alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 7
Years Months Days If less than one day 3 9 25hrsmin	Immediaio couse of death Custular account to with
(Town, county, and state) Hon Addud Tall Brossiness Siness	Due to. arthuroselinusis ?
Leo W. Tall Jud.	Dither conditions
ame amanda Jones	(Include pregnancy within 3 months of death) Major findings of operations
Jusher Tall- (2011)	Antopsy results
ation, or removat. Which?) Date thereof. (mogth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cuklovelle 750	Where did injury occur?
ON F. WOODEN SOLD 100 W. HONTH AVENUE	Meens of Injury Injured at work?
1 2 10 0 11 11 11 11	23. SIGNATURE M. D. or other

ect age ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and important. PLAINLY, vis especially WRITE PLEASE

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MARGIN RESERVED FOR

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1. PLACE OF DEATH:

County..... City or town

How long in above place of death?... Hospital, inelitution, or street address where death How long in hospital or institution? 3. (a) FULL NAME 6.(a) Single, married 4. Sex 5. Color or rate 7. Birth date of deceased (mo., day, yr.) Months Days If less than one day 8. AGE: Years 9. Birthplace..... 1D. Usual occupation. 11. Industry or business 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name 16. Informan Address (Burial, cremation, or removal, Which?) 18. Funeral director Address auch Address 3406 St Paul St Date signed 10/22/4) Registrar

PLEASE WRITE PLA

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

201		8	8	77	8
Reg.	Diat.	No.		6	٥

County Baltimore City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 years, 3 mohths, 19 days. Hospital, institution, or street address where death occurred: Spring Grove State Hospital How long in hospital or institution? 5 years, 3 months, 19 days.			RURAL and give nearest town) mohths, 19 days d: ital	Cily or fown. Street No. 2523 West (If rural, give 2,(a) If veteran, name war FML SFM, ENT.	write RURAL and give net Pratt Street LOCATION)	arest town)
3. (a) FULL NAME			3	2.(a) 11 veteran, name war	3. (b) Social Security	WL
	•	Cemple			NONE	Number
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
male	white		widowed	20. DATE OF DEATH October 13	19.47	.at6:15pn
		6.	Lyethyears	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece 42, toOctober ober 13	19 <u>1</u> .319 <u>1.</u> 7
8. AGE: Years 78	Months	Days 8	It less than one dayhrsmin.	Immediate cause of death		
			state) oddjobs	Oue to Cerebral acciden		2 weeks
				oue to Chronic hyperten		***************************************
11. Industry or business				vascular-renal d	isease	years
12. Name	Ireland			Other conditions		***************************************
241	2			(Include pregnancy within 3 m	onths of death)	
14. Malden name 15. Birthplace	?			Major findings of operations		
	Usanika	7		none		
	_		ords 28. Maryland	Antopsy results	ch death should be charged	statistically.
Cemetery or cremator	or removal, Which?	Date the	reof. OCTOBER /7, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide Whers did injury occur?(City or town)	(County)	(State)
			wore, md.	Injured at home, farm, Industry, public place (who		
18. Funeral director	Valter Bu	whe	Bully	Means of Injury	Injured at work?	
Address 192.2	W. NORT			23. SIGNATUREIsadore Tuerl		
19. 0-01	16 19 4	7	R. W. Hedres	Catonerille 28 1		

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PLATNLY, WITH UNFADING INK. Supply is especially important. Physicians: please wri

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Aunity (Sales)	State Mid. County Balto.
City or town (If outside city or town limits, write RURAL and give nearest town)	mandal. Rains
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2 1 Rearentast
	(If rural, give LOCATION)
How iong In hospital or Institution?	2.(a) If veteran, name war
3. 10 FULL NAME (atterne margaret Mony	3. (b) Social Security Number 214-10-5258
5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
1. While ofartus.	20, DATE DE DEATH OCK. 70 = 1947, 21/0 4 P. M
6.(b) Name of husband or wife of hear done 6 Throughou	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) Hame of husband or Wile	
Girth date of 2 0 2 9 - 1914	and that I last saw halive on
deceased (mo., day, yr.) 8 A.G.F. Years Months Days if less than one day	Immediate suse of death OURATION
0. AUL. 21	WICOWNING -
96) Jb. hrsmin.	
8. Birthplace	Due I 0
10. Usual occupation machines	0.4
11. Industry or business flenn L. martin Co.	Due to
	Dither conditions.
12. Name Curtis Clare 13. Birthplace Sudwah Ind.	
	(Include pregnancy within 3 months of death)
14. Maiden name alice L. Biddinger 15. Birtholace Trobusk md.	Major findings of operations.
00 10 70	Date of op.
16. Informant	Actopsy resolts
Address Of Slavened	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremstion, or removal, Which?) Bate thereof. (Month) (day) (year)	Accident, suicide, or Hornicide. Accudental Date of /7/47
Cemetery or crematory Int. Oliver	Where did injury occur (City or town) (County) (State)
Fredericke md.	(City or town) (County) (State) Injured at home, tarm, industry, public place (where?) DARIC HEAD CREEK
Location	Mesens of Injury Doat Upset Injured at work? W.
Funeral director formal Commelling	000
Address 4/8/6 astern long.	23, SIGNATURE ON/S Daving Min.
1. Oct. 21 1947 John J. Connelly	Nym mea. Evamini, Jacon M. Egronny
(Date rec'd by registrar) Registrar	Address Dute signed 120/47

2411 N. Charles St., Baltimore

08879

CERTI	FICATE OF DEATH Reg. Dist. No. 20
	State
Female White Widow	2D. DATE DF DEATH. October 27, 19 47, 21 7 4. N
8. AGE: Years Months Days If less than one day 7. Birlh date ot deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 76 9 17hrs	years and that I last saw bey alive on October 27, 19.45 Immediate cause of death Yemia due b Luck
9. Birthplace Baltimore, Md. (Town, county, and state) 1D. Usual occupation Housewife 11. Industry or business 12. Name Richard L. W. Simmons 13. Birthplace Baltimore, Md. 14. Malden name Mary E. Higdon 15. Birthplace Baltimore, Md.	Due to
	Date of op
16. Informant Mr. Randolph H. Thrasher son Address 2910 Onyx Rd. 17. Burial Date thereot 10/29/ (Burial, cremation, or removal Which?) (month) (day Cemetery or crematory Loudon Park Cent. Localion Balto., Md. 18. Funeral director WM. J. TICKNER & SONS Address Balto., Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate the causes of death clearly and legible MARGIN RESERVED FOR BINDING

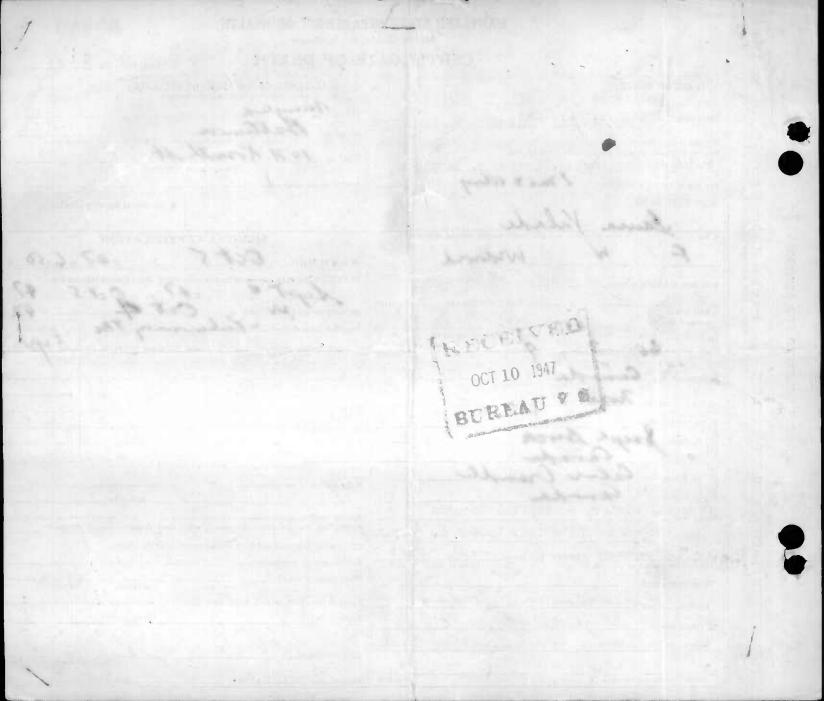
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltimore	Marine 1
City or lown. Tows on L. Mary land (If outside city or town limits, write RURAL and give nearest town)	Slate Counly
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of dealh?	(If outside city or town limits, write KURAL and give nearest town)
Eudowood Sanatorium, Towson L. Maryland	Street No. 10 21, Rossuth St
2 - V / Constitution	(If raral, give LOCATION)
How long in hospital or institution? I mus & lang	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
fam. Valate.	
4. Sex 5. Color or rac's 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
t Widwed	20. DATE OF DEATH. Oct 5 19.47 pt 6.50 M
Joseph & Valade	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Supt 4 10 47 10 Q X 5 10 4/
7. Birth date o1	and that I last saw held alive on Oct 1
deceased (mo., day, yr.) grane >6, 1887	' P D ' TL
8. AGE: Years Months Days Illess than one day	Å-
60 3 9 hrs. min.	3 yr/ h
9. Birlhplace (Town, county, and atate)	Que to

10. Usual occupation. home	Due 10
11, Industry or business	
	Other conditions
12. Name Carada	Uther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cale Coale	Major findings of aperations
15. Birthplace Grada	The state of the s
Personal History - Hospital Records	
18. Informani	Autopsy results.
Address Eudowood Sanatorium, Towson 4, Marylan	THISICIAN: Please abdernae the cause to which death should be charged statistically.
0.4	22. VIOLENCE: If death was due to external causes, this in the following;
17. (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory	Where did injury occur?
Completely of Cramatory	
Localion	Injured at home, farm, industry, public place (where?)
18. Funeral director Glorge a Fully	Means of Injury Injured at work?
20.110010.01	11/1/2 . 0
Address dreflered & shortgrook vill. Calmin	23. SIGNATURE 4 July 1
Van Hagele	M. D. or other
19	Address Towson 4 Md. Date signed.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.



RESERVED FOR BINDING

MARGIN R	MARGIN
9-45-15M	(I)

VS A15

å	-10	E OF DEATH 168 Registered No. 23/4:
information should be carefully supplied of death clearly and legibly.	1. PLACE OF DEATH: (a) Baltimore Ctty, Maryland (b) Street address	2. USUAL RESIDENCE OF DECEASED: (a) State Ohio (b) County
INLY, WITH UNFADING INK. Every item of important. Physicians: please write the causes of mother father 1 0 .6 .0 .1 .0	4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced 6 (b) Name of husband or wife 6 (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) ept 17, 1893 8. AGE: Years Months Days If less than one day 54 hr. min. 9. Birthplace Oh10 (Town, county, and state) 10. Usual Occupation Minister 11. Industry or business 12. Name Charles Vaughn 13. Birthplace Unit for n 14. Maiden Name Elma Fulton 15. Birthplace Unit for n 16 (a) Informant neubert vaughn (b) Address Landover Md (Town, county, and state) 15. Birthplace Unit for n 16 (a) Informant neubert vaughn (b) Address Landover Md (my fith) (day) (y far) (Burial, cremton, or removal) Color of the co	21. I certify that I took charge of the remains described above, held an autopsy. Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined and that the causes of death were: IMMEDIATE CAUSE OF DEATH Loke by the following: (Include pregnancy within 3 months of death) 22. If an external cause was primary for contributing cause of death, fill in the following: (a) Date of injury 10-12-47at 5 p. M. Tourist Cabin-Wash. Blvd
PLEASE WRIT	(c) Cemetery or crematory Location, GIOVE CITY ONIO 18 (a) Funeral director. F. GESCH'S SONS (b) Address. Hyattsvitte Molyland 19 (a) 10 14 47 (b) Chananda Daume. (Date ref'd by rykistrar) VS 151	(c) Did injury occur at home, on farm, industrial place, in public place? Public While at work? NO (d) Means of injury Start force 23. Signature Home Medical Examiner. Date signed 10-13-47

PLEASE WRITE

MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles St., Baltimore

930

CERTIFICATE OF DEATH

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Son Color Control	md. isalla.
City or town. (If outside city or town limits, write RURAL and give nearest town)	Page 141
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. 1320 Deorsey Cong
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	Hald. So. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mile Thete married	20. DATE OF DEATH. 2 6 19 4 3 at 1 P. M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age years	260 ct 194/10 260ct 197/
7. Birth date of 2016 1 1 7 1 8 C 5/	and that I last saw h 1 M alive on deAd 6 N ARRIVAL 19
deceased (mo., day, yr.) March 10 b V	Immediate cause of death
8. AGE: Years Months Days It less than one dayhrsmin.	Coronary oec usion
Division faite	Due to MyocARditis 12415.
9. Birthplace (20wn, county, and state)	Due 10
10. Usual occupation Burlelen (Milimed)	ARTENIOSCIENOSIS.
11, Industry or business	DUE (O
12. Name. B4, 1 de mar of aldre 2	Dither conditions
X 13. 8irthplace) ()	(Include pregnancy within 3 months of death)
# 14. Malden name Kounel Bilbirt	
14. Malden name Kounel Selbut 15. Birthplace 77 4 6	Major findings of operations. Bate of op.
In that Theredison Int	
16. Informant	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Chase Ind.	Injured at home, tarm, industry, public place (where?)
18. Funeral director Athrold Connelly	Misens of Injury Injured 21 work?
Address /418 Caster Jungerry	man and of the said of the
(not 28 mg & 60. 10)	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Begistrar	Address 417/x Zastern eve Date signed 10-27-47

NOV 3 1947

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

3. (b) Social Security Number

DURATION

(State)

	90
	00
	18
-	第/

information carefully of death clearly and

ply every item of write the causes

1. PLACE OF DEATH: County ..

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Hospital, Institution, or street address where death occurred

Hew long in hospital or institution

3. (a) FULL NAME

6.(b) Name of husband or wife.....

h dale of (mo., day, yr.)

AGE:

10. Usuai occupation.

13. Birthplace

14. Maiden name 15. Birthplace

Address

(Burial, cremation, on removal. Which

(Date rec'd by registrar)

Registrar

(month) (dsy) (year)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

City or town. (If outside city or town limits write RURAL and give nearest town)

(If rural, give LOCATION)

2.(a) II veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

(County)

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

(Include pregnancy within 3 months of death)

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Where did injury occur?

(Clty or town) Injured at home, farm, Industry, public place (where?)

Mesns of Injury Injured at work?

MARGIN RESERVED FOR BINDING PLAINLY, is especially

important.

OCT 10 1947
BURBAT

1

2411 N. Charles St., Baltimore 309

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Baltimore County Howard Md		
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 29 days	City or town (If outside city or town limits, write RURAL and givo nearest town)	
Hospital, Institution, or street address where death occurred:	Streel No. 919 Cedar Park Road	
Veterans Administration Hosp.Ft.Howard, Md.	(If rural, give LOCATION)	
How long in hospital or institution? 29 days	2.(a) If veteran, name war. WW-1	
3. (a) FULL NAME	3. (b) Social Security Number	
GEORGE E. WARD, SR.	216-10-2524	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white married	2D. DATE OF DEATH October 1 19. 47 at 11:50P	
S.(& shand or wife Mary E. Ward	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from	
	Sent 2	
	and thal last saw h im alive on October 1 19 47.	
der mo., day, yr.) 3-17-91	Immediate cause of death	
8. A Years Months Days If less than one day	Disease of Heart 3 mos.	
56 6 14hrsmin		
Costesville, Indiana	xxx Structural Lesion: Myocardial	
9. Coatesville, Indiana (Town, county, and state)	damage	
10. sual occupation. Motorman	www.Manif.:Myocardial insufficiency	
11. Industry or business Railroad	auricular fibrillation	
	Other conditions Syphilis, latent, late adeq-	
12. Name William Ward 13. Birthplace Indiana	nately treated unknown	
	uately treated unknown (Include pregnancy within 3 months of death)	
14. Maiden name Mary Brown 15. Birthplace Indiana	Major findings of operations. NONE	
15. Birthplace Indiana	Date of op.	
16 Informant Clinical Records, Vets. Adm. Hosp.	Autopsy results	
Address Fort Howard, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory All Hallows Cometery	Where did Injury occur?	
Devidsonville, Md.	Injured at home, farm, Industry, public place (where?)	
Davidsonville, Md.		
18. Funeral director. B. L. Hopping and fun		
Address Annapolis, Md.	Re Robert My Cullison	
	23. SIGNATURE R.M. CULLISON, M.D. CLIN, DIR. Veterans Administration Hosp P. or other	
19. Oct 3 (Dato ree'd by registrar) Registrs	. Deat Here M. 10=2=//	



VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

08885

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Baltunove Caunty	State MAS County BALT sm. Ox. C
City or town	7 7
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
Hom-	Street No. D.M. D.M. A. T.A.M.D. S. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war J. D. a. D. J. S. D. S. M. C. T. N. a. J. May. 1
3. (a) FULL NAME	3. (b) Social Security Number
Henry Mactier Wartield	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male WhiteH Married	20. DATE OF DEATH
8.(b) Name of Austral or wife Rebella G.D. Waxtield.	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from
8.(c) If alive, give age 79 yeare	19 19 10 Odd 19 19 17
7. Birth date of deceased (mo., day, yr.) July / 1867	and thet I last saw h. [.1.1] A alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death
80 3 90hrsmin.	0 0
9. Birthplace (Town, county, and state)	Due to Jenesal Break down from
10. Usual occupation Fre. 5, Kigg & Wartield Kolason	Due to
11. Industry or business / MS UY ANCE	
12. Name Henry Mactiex Wartield 13. Birthplace Baltimore Ma	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Anna Emor	Major fiadings of operations
15. Birthplace Manor 6/en Baltimore Co	Date of op.
16. Informant I. R. Lewis Janin Luns at Decease	PHYSICIAN: Please coderline the cause to which death shoold be charged statistically.
Address Imonium Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, commation of removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Green Mount 10/12/47	Where did injury occur?
Location Baltimore City	Injured at home, farm, industry, public place (where?)
18 Funeral director Jen Kin 5 - Lous Co	Meane of Injury Injury Injury at work?
Address mc Culloh - Orchard Sto.	White & Declar
10/11 10 SAN No San	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address 10 1 A Rw Date signed Oct 10/47

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

1	
1. PLACE OF DEATH: P. P.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Md. County Balto.
City or town (It outside city or town limits, write RURAL and give nearest town)	City or town - Fulleton
How long in above place of death?	If outside city or town limits, write RURAL and give nearest town)
Bulan Kral	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William 9. W.	athins
4. Sex 5. Color or race 8.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
m White married,	20. DATE OF DEATH ACT 1847 18.47 11.47 11.18
8.(b) Name of husband or wife Hannah & Watkens	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
6.(c) If aliye, give age 60 years	Dex 164 1947 10 Dex 1947
7. Birth date of (1) 2 1012-	and that I last saw harmalive on 19 19
deceased (mo., day, yr.) 8. AGE: Years plonths Days If less than one day	Immediate cause of death
85 3 15hrsmin.	Corevral be morrhage 2deg.
Strolod Cr md.	Due to.
9. Birthplace	
10. Usual occupation A all and Congline	Due to achero Telecores 5 yes
11. Industry or business	* fighted essent
12. Name Land Como	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name.	Major findings of operations.
14. Maiden name Suftana Street. 15. Birthplace Harford Co Md.	Date of op.
16. Informant Glen 9 Watkins	Antopsy results
Address & 4 20 Old Shorford, Rol Sollo	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Buriel Date thereof 21. 21-1947	22. VIOLENCE: 11 death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Street, The Control of the	Injured at home, farm, industry, public place (where?)
18. Funeral director Thubert P. Hankins.	Means of Injury Injured at work?
Address Delta, Pa.	Albrett Geran
6.4 18 1 To 04 P. 1' 1.	23. SIGNATURE M. D. or other
19. (Determine) 19 47 / May 13: Cumulus Registrar	Address I W. Overly Mr. Bate signed (O. L. o. L

OCT 20 1947

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BY REAU OS

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Tikestille	(For newborn infants give residence of mother)
City or town Balf of	State Md County
City or town	City or town Sekenvelle
How long in above place of death?	City or town (if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred	Street Ho. Gleasting Rome
the struck time - Campfield) a	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
S.(a) FOLL HAMEO	3. (b) Social Security Number
Bentha Watalo	
4. Sex 5. Color or race 6. (d) Single, married, widowed, or divorced	MEDICAL CERTIFICATION P
As a labeta las a	m d = 9'3.
James While Widows	20. DATE DF DEATH 19. H. 19. H
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	- June - 7 - 19 47, 10 God. 36 19 47
7. Birth date of	and thet last saw h. E.C. alive on G. A - 3-4- 19 44)
deceased (mo., day, yr.) 14 A. 2 - 22 - 1866	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
81 VL 14hrsmin.	1) Browsho - parlumona 7 day.
01, 0 4	
9. Birthplace (Toya, county, and state)	Due to
(Town, county, and state)	***************************************
10. Usual occupation	Due to
11. Industry or business	
Ela Valanca Ali Valanca	- Change Contenior - Scheroland
12. Name	Other conditions
II 13. Birthplace Almanda	(Include pregnancy within 8 months of death)
14. Maiden name Advance Morch	
14. Maiden name	Major findings of operations.
at 13. Biringiage	Date of op.
16, informant	Autopsy results.
Address Qualtura Hone Cambrilla Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 1 Colored Marie Constitution	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Dale thereof (month) (day) (year)	Accident, suicide, or homicide
	Where did injury accur?
Cemetery or crematory	Where did injury occur?
Location Library Tell At	Injured at home, farm, Industry, public place (where?)
La Contraction	Means of Injury Injured at work?
18. Funeral director	
Address 2435 Chilles 1st	hand L. Chanbrean
Rest to Cut author	23. SIGNATURE M, D, or other
(bate rec'd by registrar) (Registrar	4108 fiberto Hts . 10/28/4"
(Date fee d by registrar)	Address

08888

	CERTIFICAT	TE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For no light states of State	Jallenna?
	How iong in above place of death? Hospital, institution, or street address where death occurred.	Street No. 100 Respe	s, write-RURAC and give nearest town)
4	How long in hospital or institution?	2.(a) it veteram flame war	NU
	3. (a) FULL NAME Mary Emma	Wills	3. (b) Social Security Number
	15. Cgior of face 6. (6.) Single, married, willowed, pr divorced	1) A- 3	ERTIFICATION 1947, 21
	6.(b) Name of husband or wife. All supplies the first supplies the fir	21. I CERTIFY that death occurred on the date ab	10 aly 2. 8
	7. Birth date of deceased (mo., day, yr.) This 8 / 863	and that I last saw h	OURATION
	8. AGE: Years Months Days It less than one day SH J J Hhrsmin.	Seaul	A / .
	9. Birthplace	Due to. La face v	(Jean Puelace)
	10. Usual occupation	Due to	
	12. Name It I I I I I I I I I I I I I I I I I I	Other conditions	
	W Mary & Marke	(Include pregnancy within 3	months of death)

Cemetery or crematory

18. Funeral director

Address

Means of injury

Where did injury occur?

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

injured at home, farm, industry, public place (where?)

(City or town)

(County)

injured at work?

(State)

9-45-15N

A15

SA

The

UNFADING INK. Every item of information should be carefully sup Physicians: please write the causes of death clearly and legibly.

BALTIMORE				to the file
CERTIF	ICATE	OF D	DEATH	4/0

Registered No...

		0000	
1. PLACE OF DEATH: C. (a) Baltimore Thy Maryland (b) Street address 615 (c) Hospital or institution: (d) Length of stay in hospital or in (e) Length of stay in Baltimore (yet)	st. (yrs., mos., or days)	2. USUAL RESIDENCE OF DECEASED: (a) State	L and give town) t
3 (a) FULL NAME JOHN	WILHELM WIITALA	A TOTAL OF BRATHER	ci T/JIW
M di	(a) Single, married, widowed, or worced. Widower	MEDICAL CERTIFICATION 20. DATE OF DEATH OCT. 27 19 47 21. I certify that death occurred on the date above state ed deceased from 19 47, to 17	d; that lattend- 23 1947,
7. Birth date of deceased (mo., day 8. AGE: Years Months Day 56	(c) If alive, give age years (c, yr.) Sept. 16, 1880 (s) If less than one day	Immediate cause of death. Due to.	Duration 3 MM
9. Birthplace Finland	wn, county, and state)	Other Conditions AND School Conditions and Management and Impaleton Will (Include pregnancy within 3 months of death) Date of operation.	S-ylo. PHYSICIAN Underline the
14. Maiden Name Unknot 15. Birthplace Finlar	nd	Major findings of operation: of autopsy:	cause to which death should be charged statis- tically.
16 (a) Informant Mr. Mart: (b) Address 615 S. 46	Sth. Street	22. If death was due to external causes, fill in the fol (a) Accident, suicide, or homicide	
(c) Cemetery or crematory		(c) Where did injury occur? (City or town) (Council (d) Did injury occur about home, on farm, industrial place? While at work	ty) (State)
18 (a) Funeral director HENRY	OMNUEL & SUND, II		

Means of injury

23. Signature.

Address.....

Registrar

V S 150

(Date rec'd by registrar)

19 (a

Date signed...

M. D. 4.0/44/47

24 M. Charles St., Baltimore

CERT FICATE OF DEATH

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Baltimore (For nawborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town information carefully of death clearly and 45 years (If outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or instilution? 3. (a) FULL NAME 3. (b) Social Security Number Nancy Wilson 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION causes Female widow 5 October 1947 , 9:30PM 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 1047 decease .6,(c) If alive, give age ctober deceased (mo., day, yr.) Supply 8. AGE: If less than one day (Town, county, and state) Howse wife 10. Usual occupation... 11. Industry or business 12. Name .. WITH UNF 13. Birthplace (include pregnancy within 3 months of death) 14. Malden name Major findings of operatious. especially PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide, Where did injury occur? (State) (City or town) (County) Injured at home, farm, industry, public place (where?) Means of injury tolured at work? PLEASE 18. Funeral director .. Registrar (Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

